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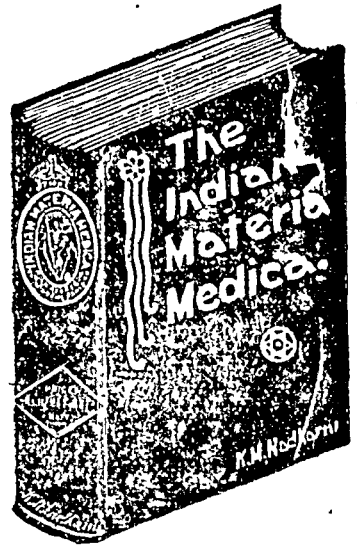
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"With these limitations, I would state the following :—Hedyotis Auricularia Extract, fifteen grains, three times a day, was tried in five cases of amoebic dysentery. In four cases, the clinical condition improved and the amoebae disappeared from the motions, in three cases, on the fourth day and in the fourth one, on the fifth day of the administration. Two of these cases remained in hospital for a further three days, one for a week and one, only for a day, without showing amoebae or cysts in the motions.

"One case did not respond to the treatment even when the extract was continued for nine days. The treatment was then changed to emetine hydrochloride, one grain injections and the third injection produced the disappearance of the amoebae.

"The drug was also tried in eleven cases of colitis in adult people having blood and mucus in the motions (but no amoebae) and all the cases recovered, about six days being the average period for recovery. (No laxative was administered in any of the cases.)"

An extract from *Diseases of Infancy and Childhood*,—*Gleanings*, the University of Madras, Doctor Elizabeth Matthai Lectures, 1931, by Dr. M. L. Kamath, B.A., M.D. :—

LIVER ENLARGEMENTS

"Enlargements of the liver due to rickets, congenital syphilis and biliary cirrhosis and those associated with enlargement of the spleen are all well-known. I will refer here to two cases of enlargement of the liver which recently came under my notice and which, I believe, to be of intestinal origin.

(a) A marasmic male, deaf mute, aged 8 years, came with a history of fever on alternate days for a fortnight (treated with quinine) and swelling of face and limbs of eight days' duration and was admitted into the Royapettah Hospital on 24-1-1931. Father, a butler, stated that the patient had diarrhoea for two weeks following measles about a couple of years ago.

On examination, the following were noted :—anæmia, oliguria, irregular bowels. Liver two inches below costal margin in the nipple line, slightly tender. No enlargement of the spleen or lymph nodes. No ova or amoeba in motions. Nothing abnormal with urine, except the quantity. Blood examination on 26-1-1931 : No malarial parasite or malarial changes : Red Blood cells 4,660,000 and white blood cells 7,500 per cmm. : Haemoglobin 41 per cent : Differential count of white blood cells gave polymorphonuclear 74·5 per cent., lymphocytes 20 per cent., large mononuclears 2·5 per cent., eosinophiles 2 per cent. and mast cells 1 per cent : Blood pressure 70/40 mm. Hg.

Oedema disappeared rapidly ; hydrargyrum cum creta administered for a fortnight did not produce any results. With the gray powder, one-quarter grain doses of emetine hydrochloride were given hypodermically for five days. Tenderness of the liver disappeared, size remaining the same.

As the child developed multiple boils at this stage, it had a course of Stannoxyl by the mouth which did benefit to the boils, other things remaining as before.

During the above treatment, blood analysis on 19-2-1931 gave the following findings :—

Urea	24	mgms.	per cent.
Cholesterol	333·3	"	" "
Chlorides	520	"	" "

Van den Berg (direct and indirect) Tests gave negative results.

Blood count on 25-2-1931 gave more or less the same results. Haemoglobin had gone up to 52 percent. On 27-2-1931, the child was put on confection of Hedyotis auricularia leaves—1½ drachms per day increased to 2 drachms per day. On 8-3-1931 liver just palpable, on 12-3-1931 it was not palpable. An examination on 5-3-1931 showed 28·5 mgms of urea and cholesterol 192·4. The confection was stopped on 15-3-1931. The liver is normal, but the child is still marasmic. There is no dropsy. The child was removed on the 23rd March showing slight improvement in general condition.

(b) A Brahmin female child of 3 years 8 months (daughter of a medical man) with a history of occasional recurrent attacks of diarrhoea, had slight fever and icteroid tinge of the conjunctivæ on 8th February 1931. It was given a mixture containing mercuric and ammonium chlorides for about ten days.

When I saw the child on 18-2-1931, the liver was 2½ inches below the costal margin in the nipple-line. It was put on a mixture containing sodium salicylate and bicarbonate with a few drops of the solution of mercuric chloride till 26th February 1931 without any effect on the liver.

Further, examination of the blood on 26th February 1931, elicited the following :—

Red Blood Cells	...	4,980,000 per c mm.
White Blood Cells	...	8.765 " "
Hæmoglobin	...	52%

Differential count gave :—

Polymorphonuclears	...	42%
Lymphocytes	...	47%
Large mononuclear	...	4%
Eosinophiles	...	5%
Most cells	...	2%

Blood analysis: Urea 22.5 mgms, Cholesterol 147 mgm., chlorides 480 mgms. and calcium 82 mgms per cent.

Urine did not show anything abnormal. Only a few fat globules seen in the motions.

Next day it was put on Confection of *Hedyotis auricularia*,—drachm and a half per day slowly increased to two drachms. On 9-3-1931, the liver was one inch below the costal margin and not palpable on 15-3-1931. The medicine was discontinued on the latter date. The child's general condition is in every way satisfactory.

An examination of the blood and its analysis on 13-3-1931 gave almost similar results as already narrated.

The Wassermann reaction and Van den Berg Tests were negative in both cases and the X-ray examination did not show rickety changes in the bones.

I opine that the cause of the enlarged liver in these two cases to be due to toxic absorption from the gut. Having recently found this drug, in the form of an extract of great value in colitis and of considerable benefit in amæbic dysentery, I ventured to try Hedyotis auricularia in these two cases where it has been successful.

Medical News & Notes

THE FIGHT AGAINST TUBERCULOSIS.

Mr. Greenwood Believes It can be won.

Mr. Arthur Greenwood, Minister of Health visited Black Notley, and opened the new Essex County Council Sanatorium.

There was no disease, he said, that interested him more, and the tragedies of which hurt him more, than that connected with tuberculosis. "We have now arrived at the the stage where we can conquer that dread disease. It is a matter on which we can take a certain amount

of pleasure that since the war there has been a substantial decline in the death-rate from all forms of tuberculosis." Even last year—which was not too good a year, and not so good as 1928—the death-rate from tuberculosis was 44 per cent. less than in 1918, but still it was a dreadful thought that even now something like 36,000 people in England and Wales lost their lives from tuberculosis.

"We cannot rest where we are. There is nothing sadder to-day, I think, than to see the tuberculous child, and I am glad to think that here you are making provision for various forms of treatment for the tuberculous child. It is a thought that makes one pause that among young women, tuberculosis has wreaked a larger measure of vengeance than among other members of the community. In Essex the incidence of mortality from tubercular disease among young women is higher than it ought to be, and it is, therefore, a matter for congratulation that the Council has thought it advisable to pay special attention to the provision for the needs of women."

Mr. Greenwood pointed out that tuberculosis was not a disease which could be cured merely by ordinary medical treatment, but he was an optimist and believed that it would be possible to banish it as we had banished others which have been potent causes of death in this country. Dwelling on the need for after-care treatment he said it seemed a little shortsighted for money to be devoted to the creation of buildings and for treatment and maintenance and then when the people left the sanatoria for next to nothing to be done to watch over them. He hoped the necessary steps would be taken.

HEALTH IN ALMONDS

To the Home Page Editor.

SIR,—By a happy coincidence a striking confirmation of my recommendation of blanched almonds as a food and at the same time a preventive of constipation is contained in a recent article written by three American women doctors in a journal of biological chemistry.

Curiously enough, another American woman doctor has also lately written a book on family feeding, and refers particularly to nuts in the dietary.

This is the position as it is known to-day regarding the value of nuts generally as a food, and particularly nuts containing oil.

Nuts are not suitable for the dietary of little children, because they require a considerable amount of mastication, and also they are somewhat slowly digested.

In grown-ups there can be no question of the value of nuts as a food, as regards almonds this is especially so.

Almonds contain proteins and fats and carbo-hydrates. These are all essential properties of food, and are usually obtained by means of a mixed diet.

After digestion, almonds leave a bulky residue rich in oil. An ideal production for the constipated.

Almonds are also very useful as an article of diet in diabetes. One of the constituents—carbohydrates—is sparingly taken up by the body and it is this constituent which has to be carefully regulated in the diet of any diabetic. Consequently, the hunger caused by a restricted diet, and possibly insulin, can be assuaged by almonds with relative safety.

Almonds, or any nuts, require a good deal of mastication. If the condition of one's mouth makes this impossible, it must not be forgotten that almonds can be ground to a paste.

THE HOME PAGE DOCTOR.

PREVENTION OF HAY FEVER

The modern medical view of hay fever is that it can be prevented by inoculations of pollen. The pollen of flowering plants and grasses is everywhere in the air in the cities, and to many people it brings about irritation of the lining membrane of the nose, lining membrane of the eyes, and throat which causes the distressing complaint known as hay fever. It is said that the system can be made immune from attack by inoculations of pollen of increasing strength but this precaution has to be taken in hand well before the hay-making season. It is not realised by people who are not susceptible to hay fever what a great affliction it can be.

NEURALGIA

By the Home Page Doctor,

I suppose that very few have escaped the torture of "faceache" at some period of their existence. The constant pain can at times get positively maddening and even in its mildest forms provides a source of exasperation and bad temper.

Consult Your Doctor.

Yet it is a peculiar fact that only after much suffering does the unfortunate victim of neuralgia consult a doctor about it. Why this should be so I cannot say. One should have thought that a bad pain would drive a sufferer to his doctor in double quick time, and so it does if it happens to be situated anywhere else but in the face or head. But

here—no ! It may be that pains in this situation are so common that one becomes fatalistic about them and carries on with homely remedies and hopes for the best. That is the most likely explanation, though it does not sound either a convincing or a rational one.

It is unfortunate that this should be so, for quite often the doctor can do a great deal to alleviate neuralgia. But that is not the extent of his responsibility. The cause must be found. Sometimes this is easily done. At others it proves to be a most difficult task.

There is one type of facial pain which is recognised as being due to one particular nerve. It is constant and agonising. Its treatment is distinctly a specialist's affair, and is quite outside a medical work.

But there are other types of neuralgia which are very amenable to treatment if tackled in the right way.

Causes of Pain.

Take a very common example. A patient may complain of a severe pain of the forehead just over one of the eyes. The knowledgeable physician will look for a bad tooth or teeth at the back of the lower jaw on that side. That, of course, would never strike the layman as a possible cause of his pain, but the treatment of the tooth or its extraction will convince him.

In all cases of facial or head pains the condition of the teeth must first be observed.

Defective vision is another cause of neuralgic pains of the head.

Pains down one jaw and perhaps the neck as well may be caused by an accumulation of wax in the ear.

The treatment of these conditions presents no difficulties.

About the middle of the bony ridge above the eyes is a little notch which can be felt with the tip of the finger. Through this comes a tiny nerve which is liable to cause trouble in the way of pain, often because it "catches cold." Applications of heat in some form or another soothe this pain very quickly, and, if persevered with, will cure it.

The Aspirin Habit.

I know quite well that it is in these cases of headache or facial neuralgia that self-medication is most often resorted to. This self-treatment usually takes the form of doses of aspirin.

I have nothing to say against occasional moderate doses of aspirin. On the contrary, I know that they often relieve pain to quite a considerable extent. But the continual taking of aspirin cannot fail to have a bad effect on the general health of those who take it. Besides, what is the good of taking a drug which only gives temporary relief ? Let an expert find the cause of your pain, and its treatment nine times out of ten is a comparatively simple matter.

DOCTOR REMOVES AN APPENDIX—**And is Fined for "Assault" !**

Dr. Ernest Nirsche, of Nuremberg, while performing an operation on a young woman, decided in the midst of his task that it was desirable at the same time to remove the appendix.

The woman was highly indignant when she learned what had been done without her consent.

She instituted proceedings, and the surgeon has now been fined £50, with the alternative of 20 days' imprisonment.

An expert declared the removal of the appendix was indicated, but was not absolutely necessary. So the court ruled that the doctor had been guilty of a technical "assault."

This decision is adversely commented upon, because of the obvious impossibility of a surgeon stopping in the middle of a serious operation to ask the patient how much farther he may proceed.—Exchange.

NATIONAL MEDICAL SERVICE

The council of the British Medical Association, in their annual report, have formulated proposals for setting up a national medical service. Curative medical assistance is provided for only a portion of the population by the Health Insurance Acts, and the council have in mind a wider State organised system of medical service on a truly national basis.

The scheme proposed by the council calls for the extension of contributory Health insurance, compulsorily and where people are too poor to pay contributions it is proposed that they should be paid by local authorities through their Public Assistance Committees. The benefits would include a specialist service, both for consultations and treatment, dental services, a service of visiting nurses and a pharmaceutical service for drugs, medicines and appliances. The council does not attempt to estimate the cost of carrying out the scheme nor is the machinery to give effect to it worked out in detail.

It appears also to be realised by the council that difficulties about funds may prevent its development for some years. The idea follows on the lines of various projects of medical insurance which have been put forward from time to time. Lord Dawson of Penn, the King's physician, had a plan a short time ago for the provision of medical, surgical and dental services for the uninsured population, but none of these schemes on a voluntary basis have found much favour with the public.

A Medical Clash.

The profession of painting is not the only calling in which bitter controversy arises between the academician and the aspirant, between the pundit and the progressive. The medical profession is also torn between its classics and its romantics.

Nowhere is this struggle more apparent at the present moment than in the branch of medicine which deals with tropical diseases. The academicians say that the causes of tropical disease have now been discovered, and that all future funds should be devoted to curative treatment.

The progressives, on the other hand, claim that when once science comes to rest upon her laurels these laurels begin to fade. They clamour for increased funds for research.

Business Fights Disease.

Fortunately, however, the progressives assisted in their efforts by the great business concerns whose operations oblige them to take a very practical interest in the combatting of tropical disease. The Americans, in this field, have been more active than we have ourselves.

I hear, however, that a large British syndicate, recently for the purpose of developing transport in Mexico, have appointed an American specialist in tropical diseases to assist them on the spot, and have also engaged a British expert to advise them in London.

Millions of Lives Saved.

It is not generally recognised what vast progress has been made in the treatment of tropical diseases during the last thirty years. Yellow fever, plague, malaria, blackwater fever, relapsing fevers, sleeping sickness, and even leprosy, are now regarded as both preventible and curable. And millions of lives have been saved.

Nor is such research into the causes and origins of tropical diseases inapplicable to our needs at home. Through research work in non-English maladies the discovery has been made, or rather the theory advanced, that both the house fly and the mosquito dislike yellow shades.

Yellow Larders.

The windows of our larders, if this discovery is verified, will in future be paned in yellow glass, and their walls distempered in smooth ochre. The common house fly, it appears, has a passion for whitewash; thus, if your wash is yellow the house fly will migrate elsewhere.

Equally if you wear yellow stockings you will become immune from mosquitoes and their poor relations, the midget and the gnat. History has recorded no instance of a mosquito attacking a student of Christ's Hospital. At least, I have never read of such an incident in history.

line May I request the researchers in the field to print the result of their investigations in the columns of the Journal of Ayurveda so that the outside public may quite benefit by their labours.

Let us move out of the old groove and make our Ayurveda the future medical system of India if at all we are earnest. Let us try to stand in competition with the rest of the world, and make Ayurveda free from the clutches of conservatism and imbibe the spirit of the modern west.

Reports of Societies etc.

THE FIFTH ANNUAL REPORT OF THE WORKING OF THE MUNICIPAL SIDDHA DISPENSARY, SHEVAPTE, SALEM, FOR THE PERIOD 1930—1931.

Address by K. R. Minakshisundaram, A. M. A. C., M. O. in-Charge.

Mr President, Ladses and Gentlemen,

It is with great pleasure that I welcome you all on this rare occasion both on behalf of myself and the Municipal Council, Salem.

As you are all aware, five years have successfully elapsed since this dispensary was started and I will now place before you the report of the working of this dispensary during the period 1930-1931. But before I do so, permit me, Gentlemen, to say a few words about the 'Indian System of Medicine.'

Many works have been written in ancient times on the subject of Medicine of which only very few are available to us now; and of these the works of Charaka and Sushruta and the famous 18 Siddhars known as 'pathinan Siddhars' deserve much importance. The physician Charaka has dealt with various kinds of diseases for all of which he prescribes immensely valuable medicines. The Surgeon Sushruta describes in his work more than 100 kinds of Steel instruments used in Surgery which correspond to our modern instruments such as Scalpel, Bistouries, Lancets, etc. He says that these instruments should be so sharp as to cut even a hair. The preparation of Acids and Caustic Alkalies as well as their medicinal properties were not unknown to our ancient Siddhars. They have prescribed mercury and its compounds for various diseases at a time when the Europeans could not have dreamt of its therapeutic usage.

In Southern India there has been existing a system of medicine, the founders of which are Agasthiar, Bogar Pulippani, the 18 Siddhars and others, known as the Siddhic system of Medicine. These great Sages are authors of several great works on Medicine, Taxiology, Geology,

Astronomy and various other subjects most of which are unfortunately lost to us. Of such works as are available only a very few have seen the light of day while others are in manuscript form in the possession of greedy or orthodox men who would prefer to consign them to the flowing waters of a river than hand them over to those who are anxious to get them printed. It will be of immense use to the public and the medical men in particular, if the Government takes up this matter into its hands and publishes these books, which are now on manuscript form.

It is beyond any doubt that these systems of medicine were largely in vogue in ancient times and that many kings were highly patronising them, establishing innumerable hospitals throughout their kingdom. Had it not been for their support these systems would not have survived the mighty onslaught of the Western System of Medicine. Those people who have been patronising the foreign system have come to realise that the medicines prescribed by our ancient Sages are not only more effective in curing diseases but also less expensive. The champions to-day of these Indigenous Systems are Dr. Lakshmiopathi B. A., M. B. C. M., Bhishagratna, Captain Srinivasa Moorthy B. A., B. L., M B., C. M. & Late Rajah of Panagal and others through whose untiring and strenuous efforts the Government has been induced to establish in Madras a school known as the 'School of Indian Medicine' where training is given in the Ayurvedic, the Yunani and the Siddha Systems of Medicine, The Local bodies have helped in the rejuvenation of these systems by establishing here and there dispensaries in most of the districts in the Madras Presidency. But being handicapped by lack of necessary funds, these dispensaries are not in the flourishing condition that they ought to be; provided with sufficient funds, however, these dispensaries will be able to get the proper medicines and medical appliances to meet the needs of the multitude of patients that flock to them and thus equal, if not supersede the Hospitals working under the Western system. I hope and trust that our benign Government will, before long, recognise this fact and financially help the local bodies in various districts in establishing such dispensaries. In our own town, it will be seen from the report, there are not enough funds to meet the needs of the patients who flock to our Dispensary in increasing numbers.

Statistics :—Now I will read out to you the Statistics. The total number of patients treated this year is 69,102, of various castes and communities, male and female, including patients residing outside the Town. Of this number 28,553 were new patients. More than half the number of patients treated this year were women and children. The daily average works upto 195.

Finance :—The total expense incurred by the Municipality for the year under review is shown in the next page.

				Rs.	As.	P.
Establishment	...	...	...	1649	4	2
Dispensary rent	...	...	...	300	0	0
Medicine	...	...	...	946	11	10
Furniture	...	...	...	57	13	0
Stationery	...	...	...	12	0	0

Total ... 2965 13 0

Therefore the average cost per head comes up to 6½ pies per head.

—o—

The Statistics of the Patients treated of Disease are as follows for the year 1930—1931.

Class of Disease.	Name of Disease.	Number treated
Infectious Diseases	Cholera	8
	Dysentery	480
	Enteric Fever	14
	Genorrhoea	410
	Kala Azar	Nil
	Leprosy	106
	Malaria	2440
	Plague	Nil
	Pneumonia	4
	Pyrexia of uncertain origin	2,018
	Rheumatic fever and	
	Rheumatism	801
	Smallpox	Nil
	Syphilis	698
	Asthma	274
	All other infectious Diseases	884
Other General Diseases	Anaemia	150
	Diabetes	154
	Scurvy	230
	Menstrual Disorders	501
	Leucoderma	78
Systematic Diseases	Diseases of the Nervous System	266
Systematic Diseases :—	Diseases of the Eye including	
	sore Eye	1660
	" " Ear	872
	" " Nose	233
	" " Head	718
	" " Circulatory	203
	Respiratory System	
	except Tubercle of lungs	1,264
	Dyspnoea	604
	Diarrhoea	253

Class of Disease.	Name of Disease.	Number treated
	All other diseases of the Digestive system	4,180
	All diseases of the Urinary system	88
	Diseases of the organs of the Locomotion	108
	All other diseases of the Skin	2,000
	All other diseases of the Generative system	266
Poisonous & Local.	Snake bites	16
	Rat bites	126
	Dog bites including Hydrophobia	177
	All other bites of Animals and Insects	164
	Minor Surgical and Wounds	4,806
	Dental Extraction	770
	Grand Total	28,553

Last year, that is, in 1929-30 the average cost for treating each patient was 9½ pies. But in the year under report the cost per patient is only 6½ pies. It is because some of the Medicines are made here. The cost can further be reduced if we are able to make all the Medicines here. For this we require a herbarium. Secondly the number of patients that are treated are every day increasing and the staff is straining every nerve to meet their needs. It will be of immense help if an extra compounder is added to the staff of this dispensary. Since more than half of the people who come here are females, decency requires that a midwife should be appointed to look after their needs. I understand that the Government is going to help dispensaries established in rural parts only but I trust that help will be extended to dispensaries in towns—just like ours—as well to eradicate the urgent needs of these dispensaries. I request our Municipal Council to approach the Government in this connection and I hope the Government will give a sympathetic consideration to the above proposals by giving financial help.

It gives me great pleasure to note that our representatives in the Madras Legislative Council are strongly advocating the introduction and establishment of these Indigenous Systems and I hope that they will spare no efforts in achieving their purpose. Our lecturer of this evening Dr. Syed Tajudin Sahib M. L. C. has placed the poor and the

richer classes alike of our presidency under a deep debt of gratitude by his courageous stand for the spread of this effective and economic Ayurvedic, Yunani, and Siddhic Systems.

VISITORS AND THE VISITOR'S BOOK.

Among those who visited the dispensary during this period the names of Mr Muthia Mudaliar B.A., B.L., M.L.C., ex-Minister to the Government of Madras, Khan Bahadur Mohamed Karimulla Faruki Sahib Bahadur B.A., Collector and District Magistrate Salem and Mr. J. S. Jagaraj B.A., B.L., Public Prosecutor and Vice-Chairman to the Municipal Council, Salem, are worthy of mention.

Mr. Muthiah Mudaliar writes :—

I was very pleased to see this dispensary doing useful work. Wishing it further success

21-4-29.

(Sd.) S. MUTHIAH MUDALIAR.

Khan Bhadur Mohamad Karimulla Sahib Bahadur writes :—I presided at the Second Annivesary of this Institution on 7-4-29. This dispensary appears to be very popular and its attendance register shows the people of the locality appreciate the treatment. The dispensing portion of the building is kept neat and clean and the Medical Officer in-Charge Dr. K. R. Minakshisundaram A. M., A. C., appears to be very enthusiastic in his work. I am inclined to think that the dispensary is doing useful work and wish it further success.

30-4-29.

(Sd.) M. KARIMULLA.

Mr. J. S. Jagaraj writes :—

I visited the Siddha dispensary this morning. It appears to attract a very large number of the suffering population of the town who evidently appreciate the treatment that is given. I find that the accommodation is absolutely inadequate for its requirements particularly after the Kudam and Thavaram have been given away for the vaccination work. The numerous patients that attend can hardly find moving space. It is time that some arrangement is made for better accommodation.

(Sd.) T. S. Jagaraj,
Vice-Chairman, Salem.

2-1-31

THANKS :

Now to the last and pleasant portion of my report. My heartfelt thanks are due to the President of this evening, the Hon'ble Mr. P. T. Rajan, Minister to the Government of Madras, who in spite of his multifarious duties pressing upon his attention has shown great kindness in consenting to preside on this occasion, and also to the lecturer Dr. Syed Tajudin Sahib M. L. C. for his enlightening lecture. We deem it a

great honour done to us by having their august presence as the President and the Lecturer of this humble function and I warmly hope that they will carry a pleasant memory of this our humble institution.

My thanks are due also to the Municipal Council Salem for the help it has rendered me in the management of this dispensary and the meritorious services it has rendered in the cause of reviving the Ayurvedic and Siddha Systems.

Next I have to thank those ladies and gentlemen who have responded to my humble invitation and honoured me with their presence. Last but not least all those who helped to make this function the pleasant success that it is, deserve my thanks.

The Fifth Annual Report of

THE POLLACHI MUNICIPAL AYURVEDIC FREE DISPENSARY, POLLACHI,

for the year ending 31st March 1931.

1. During the year under report 22,012 new patients suffering from various diseases attended the dispensary for treatment, of whom 20,392 were Hindus, 378 Adi-dravidas, 834 Muslims and 402 Christians.

2. It is hoped, that the authorities will soon realise the necessity of having their own building for the purpose with a small compound where some of the rare and most useful herbs can be planted for immediate use in the dispensary.

3. The Attendance.—The total attendance during the year was 58,052; daily attendance of out-patients averaging 161. A statement showing the details of out-door patients that attended the dispensary and list of diseases treated for, are given below. A number of patients far off from outside municipal limits like Kottur, Negamam, Vettakranpudur etc., have also taken the advantage of the institution.

4. Cost of Treatment.—The cheapness of Ayurvedic treatment is quite evident from the facts and figures shown in the separate statement. The cost of treatment per head per day worked up to about 4 pies.

5. Number of minor operations performed by the doctor is 90.

6. Extracts from the visitors remarks. A few extracts from the visitors' book are given below for perusal,

(Sd.) P. S. ANANDANARAYANA SARMÀ,

Yaidya Visarada and M. I. M. A.,

Medical Officer In-Charge.

1931.]

THE JOURNAL OF AYURVEDA

31

Statement No. 1.

STATEMENT SHOWING THE DETAILS OF OUT-DOOR PATIENTS
THAT ATTENDEDTHE MUNICIPAL AYURVEDIC FREE DISPENSARY
During the year 1930-31.

Month.	Attendance.			Remarks.
	Adult men.	Femeles.	Children.	Highest No. treated in a single day.
April	2378	974	832	236 on 24th February 1931.
May	2423	1198	879	
June	3266	1022	612	
July	3290	1438	747	
August	2756	1217	856	
September	2758	1406	885	
October	2706	1202	940	
November	2940	1274	1310	
December	2888	1240	835	
January	2570	1267	689	
February	2342	1323	708	
March	2965	1803	1113	
	33,282	15,364	10,406	

Attendance Total—59,052.

Total New patients—22,012.

Old patients—
37,040.Grand Total—
59,052.Cost of treatment per patient per day
averaged 4 pies.

Statement No. 2.

STATEMENT SHOWING THE DETAILS OF DISEASES TREATED IN
THE MUNICIPAL AYURVEDIC DISPENSARY*During the year 1930-31.*

NO	NAME OF DISEASES.	TOTAL.
1	Cholera	5
2	Dysentery	200
3	Enteric fever	15
4	Gono-coccal infection	1000
5	Syphilis, primary and secondary	300
6	Kala-azar	...
7	Leprosy	1
8	Malaria	400
9	Plague	...
10	Influenza	100
11	Pneumonia	9
12	Relapsing fever	100
13	Pyrexia of uncertain origin	700
14	Rheumatic fever	10
15	Small-pox	5
16	Tuberculosis of the lungs	15
17	Other tubercular diseases	5
18	All other infective diseases	200
19	Anaemia	50
20	Diabetes	6
21	Scurvy	25
22	Rickets	10
23	Other diseases due to disorders of nutrition and metabolism	80
24	Bubo	50
25	New growths	3
26	Diseases of the nervous system	500
27	Diseases of the eye	500
28	Diseases of the ear	400
29	Diseases of the nose	400
30	Diseases of the circulatory system	15
31	All diseases of the respiratory system except pneumonia and tuberculosis of the lungs	800
32	Diseases of the stomach	300
33	Diseases of the intestines	300
34	Abscess of the liver	1
35	All other diseases of digestive system	200
36	Inflammation of the lymphatic glands	30
37	Acute and chronic nephritis	2
38	All other diseases of the urinary system	50
39	Other diseases of the generative system	250
40	Diseases of the organs of locomotion	300
41	Diseases of the areolar tissue	...
42	Indolent ulcers	100
43	Other diseases of the skin	500
44	All other local diseases	560
45	Injuries—general and local	850
46	Poisoning by opium	...
...	Poisoning by other means	20
47	Normal labour	5
..	Abnormal labour	...
48	All other general diseases	11900
Total		22012

And then the author goes on to enumerate a number of Saman-guna-bhuyishtha remedies which include all the classes of materials whether Jangama, Parthiva or Audbhida, taking different examples or Dhatus in the wide sense, whether they belong to Dosha, Dhatu or Mala sub-section.

शुक्रचये चौरसर्पिषोरुपयोगो मधुरस्निग्धसमाख्यातामपरेषां द्रव्यानां । सूतचयेपुनरिचुरसबाह
शोम'ऽद्रवमधुरास्त्रलवणोपकृदिनां । वातचयेकटुतिक्तपाय.....पित्तचये.....श्लेष्मचये.....।

It is not that the Dhatu-vaishamya can be removed simply by the administration of Saman-gunabhuyishtha Ahar-vikar, but even—

कर्मापि यद्यस्य धातोर्हृदिकरं तत्तदासिध्यं । एवमन्येषामपि शरीरधातुनां सामान्यविपर्ययाभ्यां
हृदिक्रासो यथाकालं कार्यः ।

From this discussion it is evident that the word Bhāva in the sentence सर्वदा सर्वभावानां सामान्यं हृदिकारणम् 'does not merely indicate an attribute or Guna, but also a substance (Dravya), as well as (Karma) i.e., the action or the effect which the substance produces on the human system after it has been digested and assimilated. Chakradatta has clearly stated that भवति सत्वमनभवतीति भावाः गुणद्रव्य-कर्माणीत्यर्थः ।

Thus since we cannot know which of the Shareera Dhatus has actually increased or decreased in the system, we must find out that decrease or increase by the corresponding reduction or increment in the attributes of that dhatu, as well as of its Karma, i.e., the actions for which it was responsible. For example, if we know that Wat is Sheeta and Ruksha and causes the nervous system of the body to work properly, then if we find that a person is feeling more cold, and his body is more dry than what it was ordinarily, and that the nervous system is stimulated to a higher degree than normal, our conclusion would be that the Wat substance has increased in the body. It is therefore necessary now to find out what are the Dravya, Guna, and Karma of all the Shareera dhatus and especially of Wat, Pitta and Kapha which have been proved to be the root cause of all diseases ; and also to determine the corresponding Dravya, Guna and Karma of all the existing substances to be found on the surface of the earth ; so that when we know from these Guna and Karmas which of the Doshas in the body has either increased or decreased, we could introduce in the system such of these substances as would just counterbalance the original Waigunya in the Doshas. In fact these are the two main sections of Ayurveda, the first being discussed in Sutra-sthana of every work and the second in Nighantoo or materia medica,

(To be continued.)

FEVER IN AYURVEDA

BY

ASHUTOSH ROY, L.M.S.

Hazaribagh.

—:o:—

*(Continued from our last issue.)*ANALYSIS OF INDIVIDUAL PRESCRIPTIONS USED IN
VAYU FEVER AND ITS COMPLICATIONS.

We have already stated that "Gulancha" is the specific to neutralise the toxins and germs of "Vayu" fever. Its value is increased if the creeper is allowed to creep in a "Nim" tree.

Group 1—In which Gulancha is the principal medicine variously combined. These are the various decoctions stated below :

(a) *Pipulyadi-kwath*—Here Gulancha is mixed with Long Pepper and dried ginger which are Carminatives, Stomachics. It rouses the appetite when it is particularly depressed as a result of Vayu or Vayu-Kapha fever.

Another combination similarly named contains besides Gulancha and Long Pepper, seed of Kurchi-Indrajiva (*Holerrhœna antidysenterica*) which is astringent and is good in Vayu-Kapha fever with dysenteric stool.

A third combination similarly named contains besides Gulancha and dried ginger the following :—

Mutha (*cyprus Rotundus*)—diuretic, stimulates liver and kidneys and helps the diuretic action of Gularcha. It also acts as diaphoretic.

Duralava (*Alhagi maurorum*)—laxative.

This last combination is a diuretic—diaphoretic—laxative mixture combined with the specific medicine, this is good in the beginning of the "Niram stage of vayu fever" when the secretions and excretions are unlocked. It helps further the evacuation of the fever-toxins by stimulating the functions of the skin, the kidneys and the bowels.

(b) *Sunthyadi Kwath*—It contains besides Gulancha and dried ginger the following :—

Nagar-Mutha (cyprus scarissus)—fragrant diaphoretic,
Chireta—antibilious, stomachic, antifebrile.

It is given to check the toxin and kill the fever germs after the patient's Dosha is corrected and fever is off but still remaining in the system.

(c) *Satabarjyadi Svarasa*—It is expressed juice of 'gulancha and Satamuli (asparagus sarmentosus) which is alterative and diuretic.

This may be used as a home remedy in Vayu fever as it acts specifically and corrects the deranged Dosha by removing the fever toxins out of the system through the kidneys.

(d) *Drakshadi Kwath*—Here Gulancha is combined with
Grapes—Laxative.

Gambhari (Gmelina Arborea)—Laxative.

Bala-dumur (Ficus Hetrophyllus)—carminative.

Ananta-mula (Hemidesmis)—Alterative.

Such a combination removes fever toxins by the kidneys and intestines—corrects the deranged Dosha. It is indicated in "Vayu" fever with constipation.

(e) *Guduchyadi Kwath*—Here Gulancha is combined with
Anantamula (Hemidesmis)—alterative.

Sulpha sag (Panadanum Graveolens)—carminative.

Grapes—cooling, laxative,

Punarnava—diuretic, laxative.

This combination is useful in Vayu fever with sluggish liver—associated with puffiness.

(f) *Brihat Pancha-muladi Kwath*—It contains besides
Gulancha and Brihat-Panchamul—

Amlaki (Embelic myrobalum)—astringent, antibilious.

Dhania (coriandar)—carminative.

It is specific to re-adjust the deranged Dosha.

Group 2—Specific combinations to relieve Specific Complications.

Amongst the usual complications of Vayu fever may be mentioned :

(1) Constipation—another variety of Pipuladi Kwath.

(2) Imperfect urination—another variety of do.

(3) Rheumatic pains—Rasnadi Kwath.

- (4) Pain in the joints with Headache—another variety of Brihat Panchāmula Kwath.
- (5) Pain in the cardiac region—Kanadi Kwath.
- (6) Threatening derangement of the other two Doshas besides Vayu—Dasamuladi-Kwath.

Analysis of the above combinations.

- (1) *Pipuladi-Kwath.* It contains—
 Anantamul (Hemidesmis)—alterative
 Dried Raisins—Laxative
 Sulpha Sag (Panadanum graveoleus)—Laxative
 Long pepper—carminative
 Renuka (Peper aurantiacum)—carminative.

It is laxative and used in constipation of Vayu fever. It may be noted that laxatives are always combined with carminatives.

- (2) Another prescription similarly named contains—
 Dhania (coriander)—carminative,
 Debdaru (cedrus deodara)—Diuretic,
 Kantikari (solanum xanthocarpum)—Diuretic and
 expectorant.

It is diuretic, antispasmodic and expectorant, useful in Vayu fever with slight touch of "Kapha" (mucous in chest) where the expectoration is scanty and the cough hacking (throat slightly involved) with scanty urination.

- (3) *Rasnadi-kwath.* It contains—
 Rasna (Acampi papillosa)—relieves pain in rheumatism.
 Pargacha (Loranthus Longifolius)—bitter.
 Elobaluka Giskia Pharnaceoides)—vermifuge.
 Devadaru (Cedrus Deodara)—diuretic
 Saral kastha (Pinus Longifolia)—stimulant and
 diaphoretic.

It is good to check rheumatic pains in Vayu fever. The fever toxin is removed through skin and kidneys. It is useful in the beginning of an attack of rheumatic fever (variety of vayu fever), Influenza, Dengue etc.

- (4) *Brihat Panchamula-Kwath*—It contains besides
 Brihat Panchamul—Specific
 Rasna (Acampi papillosa)—anodyne, specific for pains,
 Kur (Aplotaxis auriculata)—aromatic, stimulant,
 Kulthi kalai (Dolichos Bifloris)—diuretic, kidney sedative,
 Bala (sida cordifolia)—soothing.

It is better than 'No. 3' in checking aches and pains in the head and joints in various Vayu fevers (Rheumatism, Influenza, Dengue etc.).

(5) Kanadi kwath—It contains besides

Gulancha—specific antifebrile diuretic,

Nishinda (vitex Negunda)—slight Emetic, Expectorant,

Kantikari (Solanum xanthocarpum)—antispasmodic,
expectorant and diuretic

Mutha (cyprus Rotundus)—antibilious, diuretic,

Chireta—antibilious,

Rasun (Garlick)—expectorant, diuretic,

Dried ginger and Long pepper—carminatives.

It is useful in Vayu fever when the infection is lodged in the chest as evidenced by pain in that region and "Kapha" is beginning to be upset. The fever toxin is removed through the skin and the kidneys and the germs are destroyed. The liver is also stimulated.

(6) Dasamul Kwath. It contains—

Five Brihat Panchamul—specific for "Vayu,"

Five Swalpa Panchamul—specific for "Kapha,"

Gulancha (Tinospora cordifolia)—specific febrifuge in
"Vayu,"

Long Pepper and its root

Dried ginger

Sulpha Sag (Panadenum graveolens)

Chireta—Bitter, antibilious, antifebrile,

Bala (sida cordifolia)—sedative,

Bala (Pavonia odouretta)—Fragrant sedative,

Kur (Aplotaxis auriculata)—aromatic, stimulant,

Mutha (cyprus Rotundus)—antibilious, diuretic and
diaphoretic,

Dried Raisins

Duralava (Alhagi maurorum)

—Laxatives.

To these are sometimes added—

Satamuli (Asparagus Sermentosus)—alterative,

Jayanti (Sesbania Egyptisae)—stimulant.

N. B.—Swalpa Panachamul contains—

Salpani (Desmodium Gangeticum)—astringent,

Brihati (Solanum Indicum)—Heating, bitter,

Kantikari (Solanum xanthocarpum)—antispasmodic,
diuretic,

Gokhur (*Tribulus Terrestris*)—Diuretic,

Chakulia (*Hemionites cordifolia*)—astringent.

It is specific to check "Kapha" (mucous in chest and intestines).

The preparation 'Dasamul-kwath' is a very complex prescription. According to Bhabprakash it is the best prescription for the different kinds of Vayu fever with complications. It induces sleep, removes giddiness, shivering, pain and fever. It is very useful when other Doshas besides Vayu is deranged threatening to change the fever into the "Sannipat" variety.

The points to note are :—

(a) It is the general rule that in the most complicated cases Ayurveda recommends the most complex combination, covering the various complications besides the specific febrifuge and the specific to correct derangement of the Doshas.

(b) A number of drugs in combination are used to cover a single symptom e.g., Carminatives, laxatives, diuretics, diaphoretics and so forth.

Group 3.—Accessory procedures and medicines to check special symptoms.

(a) For *aches and pains* in any part of the body in Vayu or Vayu-Kapha fever apply hot *fomentation* by means of sandbag containing heated sand (*Baluka-sveda*). Repeated applications will induce perspiration and relieve pain.

(b) In *ulcer of mouth*, throat etc., the following "*kabal*" is to be kept :—

(i) inside the mouth *viz.*, Lemon peel, Black pepper and Rock Salt.

(ii) In ulcer of mouth and throat with bitter taste in mouth and anorexia the following *paste* is to be moved about in the mouth, *viz.*,

A paste of grapes, Amlaki (*embelic myrobalam*) and clarified butter.

(iii) In ulcer of mouth with bad taste in it, a paste of Pomegranate and sugar or Pomegranate and grapes is useful.

(c) *Sleeplessness* which is induced in Vayu and Vayu-Kapha fever as a result of excessive use of medicated snuffs to relieve headache, excessive fasting, excessive emotional

excitement, excessive physical exercise etc., the following drugs taken internally are useful :—

- (i) Pulv. "Siddhi" (dried leaves and fruiting shoots pulverised of cannabis sativa) with honey at bed-time. It induces sleep, checks diarrhoea and anorexia.
- (ii) Pulv. pepper mixed with Treacle.
- (iii) Decoction of bark and root of Kakmachi (solanum Nigrum).

As soon as sleeplessness gradually disappears give milk or meat juice or "Dahi" according to indications, as also bathing and rubbing of the body should be done and all mental excitement avoided.

- (d) *Tympanitis*—The following paste applied lukewarm over the abdomen is useful.

Take. Debbaru (cedrus deodara),
Boch (acorus calamus),
Kur (aplotaxis auriculata),
Sulpha sag (Panadamum graviolum),
Assafoetida and Rock salt.

Make these into a paste with

Kanji (a sour liquid produced by acetous fermentation of Rice, known as "Amani" in Bengal).

Apply the paste lukewarm.

Note—The writer has applied simply assafoetida pasted in soap lather and slightly heated over the abdomen and found it efficacious.

- (e) *Pain and buzzing in the ear*—The following medicated oil is useful :—

Black pepper, Boch (acorus calamus),
Assafoetida and Rasun (Allium sativa),
Fried in mustard oil—use after straining the oil.

- (f) *Dry hacking cough* :—

Put inside the mouth—

Betel-leaf, Ajowan (Ptychotis), Boch (acorus calamus)
and pulv. pepper.

(To be continued.)

CORRESPONDENCE

THE EDITORS,

THE JOURNAL OF AYURVEDA,

Dear Sirs,

Kindly publish the accompanying letter in your Journal of Ayurveda and oblige.

Yours faithfully,

KAVIRAJ MALIK RAM BHASIN,

Bhera.

AN APPEAL TO THE AYURVEDIC PRACTITIONERS

I appealed twice in the columns of the Journal of Ayurveda to the medical fraternity in general and to the Editors of the journal in particular, to make the journal practical and more useful to the profession. But, alas, all my appeals and entreaties have fallen flat, as is the case generally with such appeals. Indeed our progress is very slow and at the same time most disappointing as compared to the allopathic system which is making progress by leaps and bounds. It is no use singing the praises of our system and glorifying the past achievements, unless and until we take courage in both hands and tide over the difficulties that confront us and try to inspire confidence and trust in the public.

I requested the Editors to get clinical cases from the Astanga Ayurvedic Arogyashala whose organ their journal professes to be, and print these cases in the journal and issue special numbers of the journal of Ayurved, on most obstinate diseases such as Tuberculosis, Malaria, Typhoid, Dysentery etc. which are sapping the vitality of the nation. The Editors can approach charitable Dispensaries and Hospitals which have indoor wards, to get these clinical case reports provided they exert their little influence in the matter and request the Heads of these institutions to send their interesting clinical case reports. They will be doing a great service to the cause of Ayurveda by collecting and putting to some useful purpose what is now being wasted. They will earn the gratitude of all the Ayurvedic practitioners for their service.

The last though not the least is the investigation of Ayurvedic drugs on scientific basis for which a great stress has been lately put both on the platform and in the press. It is indeed very hearty that the Benaras and Ahstanga Ayurvedic Colleges have established laboratories for the same, but alas it is perhaps years or two ago that these laboratories were established, their result of investigation are held still in the dark and the outside world is quite ignorant of their progress and research in the

from Vipaka, the general view of the whole bodily action from Veerya, as also the general usefulness on the varieties of diseases in accordance with the principality of the Doshas, and the special local actions from Prabhava.

Texts also denote Rasa, Vipaka, Veerya and Prabhava by the production or cure of diseases. But there is no clear distinction between the actions of Veerya and those of Prabhava. It is required to be fixed by taking into consideration the structures, qualities, nature and the history of the life of substances. There is also such a description as destroying Vata, destroying Pitta, destroying Kapha, or destroying two or three Doshas, or in the same manner producer of such and such Doshas, but there is not given any gradation and explanation of the properties of these Doshas. To understand this, qualities of Doshas and the eight subdivisions of the Veerya must be simultaneously considered and the same is not difficult if the settlement of Dualism and Trinity (द्वन्द्व and त्रिपदात) (Sannipat) of Doshas is realised with the help of the Tridosha Theory. Besides, one substance alone produces the creative or destructive quality of the Tridoshas somewhere by nature, somewhere by properties, and somewhere by mould. The destruction of Kapha and Pitta by Atarusha, as explained above, should be borne in mind in this connection. So also the mixture in one substance of Rasa and Anurasa and the relative strength and want of strength of Rasa, Vipaka, Veerya and Prabhava, should be taken into consideration. If all these things are remembered, then only will the properties of substances be understood for certain. Sometimes, the condition of the patient is also required to be taken into consideration, if the properties are really desired to give the said effect. While using a violent and exciting substance, if Kapha in the chest and the stomach is on the point of being overflowed, there will be vomiting and no further action is possible; but if that is not so, the excitation of the vehemence will result in purgation; and if the bowels are costive, there will be no purgation even, but the vehemence will mix in blood and will cause the bodily cauterization and excitation. For this sake, this thing is also required to be taken into consideration for the ascertainment of properties.

(To be continued.)

TRIDOSHA THEORY OF AYURVEDA

BY

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JUBBULPUR.

(Continued from our last issue).

CREATION (Padartha)

It is then by the combination of these Panchamahabhutas in different proportions that the inorganic creation is obtained. This process is known as Panchikaran. A substance is called Parthiva, if it possesses a larger proportion of Prithwitatwa or mahabhuta, and the other four in minute quantities. Sushruta therefore says in Sutrasthana, 41st canto :—

पृथिव्यतेजोवायुकाशानां समुदायात् द्रव्याभिनिर्हतिः । उत्कर्षस्त्वभिव्यञ्जको भवति इदं पार्थिवं इदं आप्यमिदं वायव्यमिदमाकाशोऽयमिति ।

Thus a lump of earth or an iron ball is a Parthiva Dravya. Even then the iron ball is more Parthiva than the lump of earth, because it is the harder of the two. The qualities which such substances possess have been collectively described by Sushruta thus :—

तत्र स्थूलसारसांद्रमंदस्थिरखरगुरुकठिनं गंधबहुलमीषत्कषायं प्रायशो मधुरमिति पार्थिवम् ।

But supposing that the lump of earth has been dissolved in a very large quantity of water, the mixture would become an Apya Dravya, because

द्रवशीतस्निग्धस्निमित्तमंदगुरुसर सांद्रमृदुपिक्किलं रसबहुलमीषत्कषायाम्ललवणं मधुररसप्रायमाप्यम् ।

Similarly the iron ball which is originally Parthiva would become Taijas if it be heated until it is white-hot, because

उष्णतीक्ष्णसूक्ष्मरूचिखरलघुविशदं रूपगुणबहुलमीषदम्ललवणं कटुकरसप्रायं तेजसम् ।

A substance like sulphur which is originally Parthiva passes through the Apya and Taijas stages as it is continually heated and ultimately becomes Wayavya (gaseous), and hence Sushruta says :—

सूक्ष्मरूचिखरशिथिललघु विशदं स्पर्शबहुलमीषत्तिक्तं विशेषतः कषायमिति वायवीयम् ।

as also

सूक्ष्मसूक्ष्मद्रव्यवायिविशदं विविलमव्यक्तरसं शब्दबहुलमाकाशीयम् ।

This is in short the Pancha-mahabhautic theory of matter.

RELATION BETWEEN THIS THEORY AND HUMAN SYSTEM.

I have thus shown that the whole creation in the universe leaving the organic part of it, which consists of mind and 10 Indriyas, is formed out of Panchamahabhutas. Now if we minutely study the human system, we find that it also consists of substances like blood, bones, nails, flesh and such others, which as they come under one or the other category of Parthiva, Apya, Taijas, Wayavya or Akashiya Dravyas are also Panchamahabhutatmak, with only one difference that there exists life also along with these which is due to the existence of mind and 10 Indriyas—(that are as stated above God-gifted machineries as it were)—and soul. Charakacharya has clearly stated तत्र शरीरं नाम चेतनाधिष्ठानभूतं पंचमहाभूतविकारात्मकं समयोगवाही ।

And Sushruta corroborates it saying :—

अस्मिन्शास्त्रे पंचमहाभूतशरीरि समवायः पुरुषः ।

Thus the body is also Panchamahabhutatmaka, and therefore a disease in the body is nothing else than Kshaya or Vriddhi, (decrease or increase) in the proportion of one or more Panchamahabhutatmaka constituents of the body. But this change in the proportion can naturally occur in innumerable ways, as there can be innumerable combinations of these Panchamahabhutas in different proportions. And as there are equally innumerable substances existing on the surface of the earth, each of which is in every respect different from others, one of these can be such as will have just the opposite kind of proportion of the Mahabhutas as compared to that on account of which the disease has occurred. Such a substance when introduced in the system would counterbalance the proportion and thereby remove the disease. Sushruta therefore holds—

अनेन निदर्शनेन न अनौपधिभूतं जगति किञ्चिद्द्रव्यमस्तीति कृत्वा तंतं युक्तिविशेषमर्थं वा अभिसमीच्या, स्ववीर्यगुणयुक्तानि द्रव्याणि कर्मकराणि भवंति ।

Thus every substance on the surface of the earth is an Aushadhi or treatment for some one or other of the Shareer diseases. These substances have been conveniently divided into three groups, *viz.*, Jangama, Parthiva and Audbhida.

मधुनि गोरसाः पितं वसामज्जासृगामिषम् । विनमृतं चर्म रेतोऽस्थि स्नायुशृंग नखाः खुरा ।

जंगमेभ्यः प्रयुज्यन्ते केशलोमानि रोचनाः ।

From this list of substances belonging to living and non-living animals we see that each and every part is a cure for some disease,

hunger and thirst too being included in the disease category. Of the Parthiva substances—

स्रवणं समलाः पंचलोहाः ससिकताः सुधा । मनःशिलालेपणयोत्तवणं गेरिकांजने । मीमक्षौषधमुद्दिष्टं ।

These include all metals and their salts and crude ores that are naturally available. There are 4 sub-sections of the 3rd class of substances :—

श्रीद्धिदंतु चतुर्विधम् । वनस्पतिस्तथा वीरुद्वानस्यत्वस्तथौषधीः ।

And their differentiation is—

(1) फलैर्वनस्पतिः (2) पुष्पैर्वानस्पत्यः फलैरपि (3) औषधैः फलपाकांताः and

(4) प्रतानैर्वीरुघः स्मृताः ।

Of these botanical products nearly every part is used. Charaka says—

मूलत्वक्सारनिर्वास नालस्तरसपल्लावाः । चारः चीरं फलं पुष्पं भक्षतैलानि कंटकाः ।

पत्राणि शुंगाः कंदाय प्ररोहाद्यौद्धिदो गणः ।

The sages of the past have experimented upon a very large number of the above-noted class of substances, and have described at length their effects on the human system according to a particular line they have followed which I will just describe. Some of these are to be found only in particular tracts of this vast continent, while others at other places, where the climate is suitable to them. And therefore it is that we have to collect as many of them as possible and exhibit them so that we might come to know all about them by mutual discussion and try them on particular ailments.

Siddhā Aushadhis are also a speciality of Ayurveda. There are different processes to be followed in the preparation of different Bhasmas. Modern Chemistry is at present unable to detect why a particular preparation, which when chemically analysed is found to contain the same ingredients in the same proportion, should produce an altogether different effect if the process followed to prepare it is different. For instance, Rasasindura and Makaradhwaja are two different Siddhayogas, which if chemically analysed are found to contain the same proportion of mercury and sulphur. In fact, both are red oxides of mercury. But Makaradhwaja is far superior in its effect on the human system to Rasasindura. Some light is likely to be thrown on the difference existing in the action of these apparently similar substances according to the recent researches of Sir C. V. Raman.

His spectroscopic results regarding "Raman lines" show that there is a molecular change in substances apparently similar in composition, and it is just possible that this may account for their different effects on the human system.

CONSTITUENTS OF THE HUMAN SYSTEM.

So far I have dealt with the basic elements that form the whole creation including the human system, as well as all other substances that can be used as treatment for any ailment in the system. But when we come to the practical side of the treatment, it becomes very difficult to find out the changes in the proportion of the Mahabhutas either in the suffering human system or in the substances to be administered in order to set it right. Ayurveda has therefore adopted a different course to remove this difficulty. The sages have divided the main constituents of the human system into three classes, Dosha, Dhātu and Mala.

दोषघातुमूलं हि शरीरम् । सु० सू० १८ ।

दोषघातुमूलं सदा देहस्य । वा० सू० ११ ।

DIFFERENCE BETWEEN DHATUS AND UPADHATUS.

Before I proceed to discuss these three classes separately, I have to make it clear that the word Dhātu has been used in Ayurvedic literature in two different senses. In fact the word Dhātu according to Sanskrit Grammar is derived from the root 'Dhay—Dharan, Poshane', and any constituent of the body which helps to keep up and nourish it may be called Dhātu. There being nothing superfluous in the human system, so long as there is no disease in it, every constituent of it is a dhātu. But for convenience the word 'dhātu' has been reserved only for those constituents which take part in the general metabolism, and develop the principal constituents from the food that we take everyday in order to make up for the waste which is occurring every second in the system. The rest are called Upadhatus. Thus skin (twachā), Snāyu, Kandara, Shira etc. are all Upadhatus, because they do not go to form any other substances in the body, but are the ultimate products; but still they have their various functions to perform. Thus whenever there is a disease in the human system, which is not Agantuka (extrinsic), but Nija (intrinsic), there is originally a change in the proportion of Dhatus and not of Upadhatus. If the disease continues, the Upadhatus

too may be ultimately affected but not so in its initial stage. Hence Charakacharya holds that

विकारी धातुवैषम्यं साम्यं प्रकृतिरुच्यते ।

and Chakradatta in his commentary on this passage states—

धातवो वातादयो दीपाः रसादयश्च रजः प्रभृतयश्च । तेषां वैषम्यं व्यवहृत्यमाणं स्वास्थ्यहेतोः स्वमानाद्यं नूतनमधिकत्वं वा ।

Thus a disease in the system is nothing else than either an increase (Adhikatwa) or a decrease (Nyunatwa) in the proportion of these dhatus. This proportion has been roughly stated thus ;—

। दशोदकस्यांजलयः शरीरे स्वेनांजलिप्रमाणेन—नवांजलयः पूर्वस्याहारपरिणामधातोः यतं रस इत्याचक्षते । अष्टौ शीणितस्य । सप्त पुरीषस्य । षट् क्षेपणः । पञ्च पित्तस्य । चत्वारो मूत्रस्य । त्रयो वसायाः । द्वौ मेदसः । एको मज्जायाः । मस्तिष्कस्यार्धंजलिः । शुक्रस्य तावदेव प्रमाणम् ।

And therefore the treatment of a disease or (Chikitsa) is nothing else than to re-establish the original condition, Chikitsa has therefore been defined as—

चतुर्णां मिषगादीनां शस्तानां धातुवैकृते । प्रवृत्तिर्धातुसाम्यार्था चिकित्सेत्यभिधीयते ।

Or as put still more concretely and lucidly—

यामिः क्रियाभिर्जायते शरीरे धातवः समाः । सा चिकित्सा विकाराणां कर्मतद्भिषजां मतम् ।

In fact the very object of promulgating the Ayurvedic science has been stated as धातुसाम्यक्रिया चोक्ता तवस्यास्य प्रयोजनम् ।

The words Dhatusamya and Dhātuvaishamya referred to in these passages take into account only those dhatus or constituents of the human body which have been referred to above as the root cause of the body in the Sutra—दोषधातुमूलमूलं हि शरीरम् ।

DISTINCTION BETWEEN DOSHAS AND DUSHYAS

Having thus made a distinction between the Dhatus and Upadhatus, we have now to consider the three groups in which the constituents have been divided. These are Doshas (mostly secretions), Dhatus (principal tissues), and Malas (excretions). The whole body, even according to the recent anatomists, has been divided into secretions, tissues and excretions. That Ayurveda could think of the same division so far back as 4000 years ago is a matter of pride for that science. Thus the word Dhātu which as stated above in compounds like Dhatusamya and Dhātuvaishamya means and includes in a wide sense Doshas, Dhatus and Malas

has been in a narrow sense applied only to principal tissues. They have been enumerated thus :—

- (1) वायुः पित्तं कफश्चेति त्रयोदोषाः समासतः ।
- (2) रसामृद्ध्वासमेदोस्थिमज्जाशुक्राणि धातवः । सप्त दूष्याः ।
- (3) मला मूत्रशक्लसर्वेदादयोपि च ।

The reason why these 13 dhatus have been distinguished as Do-ha, Dhātu and Mala is that although they all support and nourish the body, the 1st three of them viz. Vayu, Pitta and Kapha substances have the power of vitiating all the rest 10 constituents, and thus bringing about disease in the system शरीरदूषणाद्दोषा, while the rest viz., 7 Rasadi and 3 Swedadi are called Dushyas because they cannot themselves bring about disease, but are themselves vitiated by the Dōshas.

दोषा दुष्टा रसैर्धातून् दूषयन्त्युभयं मलान् ।

The last three viz., Sweda, Mutra and Shakrit are termed Malas also, because ultimately they are always excreted from the body, although in their initial stage they keep up and nourish it.

पुरीषवातादयोपि शरीरावष्टम्भकाः प्रसाद एव गुणकर्तृत्वान् ।—चक्रदत्त ।

That these substances Wat, Pitta and Kapha, so long as they are in normal condition in the body (samyawastha) support and nourish the body is evident from the following passages :—

त्रयो दोषा धातवश्च पुरीषं मूत्र एव च । देहं संधारयन्त्येते ।

वातपित्तश्लेष्माण एव देहसंभवहेतवः । तैरेवाव्यापन्नैरधोमध्योर्ध्वं संनिविष्टैः शरीरमिदं धार्यते जागरमिष स्थूणाभिस्त्रिभिरभिः । जलस्त्रिस्थूणाभाहुः ।

नतैर्देहः कफादस्त्रिपित्तान्नचमास्तत् । शोणितारपि वा नित्यं देह एतैस्तु चार्यते ।

विसर्गादानविच्छेदैः सोमसूर्यानिना यथा धारयन्ति जगद्देहं कफ पित्ता निलास्तथा ।

That these three exist in the body even when there is no apparent existence of the rest of the Dhatus, i. e. from the time of conception until death, is clear from the following :—

नित्याः प्राणभृता देहे वातपित्तकफास्तयः विकृताः प्रकृतिस्था वातान्मुत्सेत पंडितः ।

शुक्रांतवस्थैर्जन्मादौ विषेणैव विषक्रिये । तैश्च तिस्रः प्रकृतयः ।

And that disease is produced in the human system by no other agency than the vitiation in these three substances only is definitely proved by the following statement :—

स्रधातुवैषम्यनिमित्तज्ञा ये विकारसंघा वहवः शरीरे ।

न ते पृथक्पित्तकफानिलिभ्यः आगतवस्त्वैव ततो विशिष्टाः ।

GENERAL PRINCIPLES TO BE FOLLOWED IN REMOVING DHATU-VAISHAMYA.

Having so far enunciated and differentiated the various constituents of the human body, and stated that Wat, Pitta and Kapha substances are the only constituents which by their normal proportion bring about disease in the body, it is necessary to find out how the Dhatu-vaishamya caused by these Doshas can be removed, and the original Dhatu-samya re-established; Charaka holds that—

सर्वदा-सर्वभावानं सामान्यं हृदिकारणं । ज्ञासहेतुर्विशेषय ।

समानगुणाभ्यासोद्दिधातूनांहृदिकारणमिति । प्रकोपनविपर्ययोद्दिधातूनां प्रशमकारणमिति ।

हृदिः समानैः सर्वेषां विपर्ययेर्विपर्ययः । वारभट ।

Here Arunadatta, the commentator says :—

सर्वेषां दोषधातुमलादीनां शरीरावितानांसमानं स्तुल्यसम्भावैर्हृदिः स्वप्रमाणाधिक्यम् ।

Now can there be a Swapramanadhikya of only Karyanumeya substances as Dr. Gananath Sen says ?

These sentences indicate that whenever any substance in the body decreases in quantity, if the same substance could be introduced in the system, the Dhatu-vaishamya due to it will be removed ; not only this but even if another substance which is Saman-guni i.e., possessed of the same attributes as the former be introduced, still Dhatu-samya could be established. Similarly, if on the contrary some constituent of the body has increased in quantity, the introduction of another substance which is Wiparita-guni i.e. possessing contrary attributes, would remove the Dhatu-vaishamya. Thus if you find that a person is suffering from want of blood which passed away from his body owing to say a severe lathi charge, then according to Ayurveda, you should either inject blood from another person in his system, or make him drink blood in some form or other. This remedy has been ordained by Charaka, thus :—

एवमेव सर्वधातुगुणानां सामान्ययोगाद्हृदिः विपर्ययाद्ज्ञासः । तस्मान्मांसमाप्यायतेमांसिन
सूयस्तरमन्येभ्यः शरीरधातुभ्यः । तथालोहितं लोहितेनैव । मेदोमेदसा ।—गर्भस्त्वामगर्भेण ।

But a difficulty arises when owing to various reasons, the chief of them all being aversion (Ghrinitwa) one cannot take that substance. Then the sage directs—

यत्तत्त्वेवंलक्षणेन सामान्येन सामान्यवतामाहारविकाराणां असन्तिध्यं स्यात् । सन्तिहि तां
वाप्युक्तत्वान्तीपयोगी घृणित्वादन्यस्माद्वा कारणात् स च धातुरभिर्बर्धयितव्य स्यात् । तस्य वै समानगुणाः
सुराहारविकारा असेव्याच । तवं समानगुणमुपिष्ठानाम न्यप्रकृतीनामप्याहारविकाराणामुपयोगः स्यात् ।

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The Year Out

With the June issue, the Journal of Ayurveda completed yet another year's existence and has stepped into its eighth year.

The year 1930 has been a momentous one from various stand-points especially when India and her indigenous enterprises are concerned. A new era has been ushered, so to say, in this country since April 1930 and India is better off for it. Dependant, as we had been for every article of life on countries other than ours, the gain we have got as a result of the last struggle is no doubt very great. Condition of Industries in this country at present is very promising and India is now in a position to maintain her own quite independently as regards medicine, toilets and clothes. It has also been a feature of the present day for people to organise themselves for social and sanitary works without extraneous help.

Due to worldwide trade depression and boycott movement here and there, economic condition of the globe is very alarming and India also has got her share in this depression.

The peculiarity of the present economic distress is that there is famine in the midst of plenty. There is enough of raw materials but no money to buy them with and the peasants as well as the landlords are hard put to it to meet all the demands.

We are glad to learn that the all-India Ayurveda Mahamandal has been recognised by the Government and as such its diplomas and degrees will now carry weight not only with the public but also with the Government.

It is needless to say that the Degrees of the Mahamandal are the highest recognition that may be offered to an Ayurvedist. We wish the Mahamandal will now impart knowledge of Ayurveda to Indians more vigorously.

We congratulate Dr. Bidhan Chandra Ray on his being elected the Mayor of our city. This is the first time in the history of the Calcutta Corporation that a medical man has been elected its Mayor. Dr. Ray does not require any introduction from us as he is already widely known not only in the profession but also as a public man. He was at the head of the Financial Committee of the Calcutta University for several years together and his work there has almost been praised and recognised even by his worst enemies and his severance of connection with the University due to some difference of opinion is still regretted by that body. In the Corporation itself he has already introduced several new schemes which he wishes to carry through as a man of indefatigable spirit. We have every reason to believe that he will be able to reform the present-day Corporation. He is primarily a medical man and we hope that during his mayoralty the sanitary condition of the city will enlist his first attention.

A little bird whispers into our ears that all is not well with the affairs of the Astanga Ayurveda Vidyalaya. Full one year has elapsed since the resignation of Mahamahopadhyaya Kabiraj Gananath Sen, its principal. The post was advertised in the papers stating that they required an experienced and doubly qualified man—Medical and Ayurvedic as its Principal on a handsome salary of Rs. 200 a month. Of course applications did come but not from Gananath Sens or Radhakrishnans or Lakshmipatis or Jadavji Tricumjis and as such the post could not be filled up. The vice-Principal, an old man with little capacity to work and not possessing the double qualification required was raised to the status of Principal for a few months only but he died very soon.

in harness. Later on learned Kaviraj Jogendra Nath Sen the Dean of the College managed the affairs for some time but unfortunately he too passed away recently. We understand that due to absence of a permanent incumbent as Principal, affairs of the College are suffering greatly. Students complain that their classes are not regularly taken and if taken at all, not by competent men. Management of the hospital as also of the out-door dispensing are not quite up to the mark.

The allegations are no doubt very serious and we appeal to the authorities concerned to take prompt action in the matter.

We publish elsewhere in the current issue reports of two Ayurvedic dispensaries of the Madras Presidency and are glad to see that Ayurveda is becoming popular in that province. In our last issue we published report of the workings of the D. A. V. College, Lahore, and the present year compares favourably with the last.

Apropos, we published a correspondence from Kaviraj Malikram Bhasin, who urges us to be more *practical*. We have nothing to say in the matter if by *practical* he means Case Reports. We have approached several Ayurvedic Institutions for such reports but without any success. Besides interesting cases are always very few and far between and the Kavirajas that get them to treat, do not care to keep a record of them; thus, depriving the public the benefit of thereof. Reports of ordinary cases are legion and we cannot always publish them as they will not be much interesting. However, we will publish now and then reports from our own experience.

We take this opportunity to thank our leaders and well wishers for patiently bearing with us for the last twelve months. Our thanks also go to our contributors but for whose help, we could not have performed our duty. In our task of journalism we might have offended some and wounded the feelings of others. We take this opportunity to ask of them their forgiveness for our shortcomings and let us assure our readers once more that God willing we will try to render a better account of ourselves during the next twelve months.

H. N. C.

Original Articles

AYURVEDIC THERAPEUTICS

OR

THE THEORY OF RASA, VEERYA, BIPAKA & PRAVABA

BY

VAIDYABHUSANA PURUSOTTAM SASTRI HIRELEKER,

AMRAOTI.

(Continued from our last issue)

Prabhava :—Though there are many properties of Haritaki, there does not seem to be even one which can be pointed out from the scientific definition as Prabhava or specially workable. To take its structure and mould into consideration, this substance seems to be bony and fleshy. First it has the internal bony part, then the marrowy one and then the fleshy part above that, which is full of the Rasas and is meritorious and bears similarity with the mass of flesh and its interior liquid such as the Rasa, Blood, Water etc., whereupon only will it (Haritaki) be effective. Its effects experienced from the skin right down upto the Dhatu fat, and in accordance with its general appearance, its properties such as purifying and destroying spoiled liquid, increasing productivity, stopping wastage, giving strength, removing looseness, retaining or adding to the contracting property even while doing the purifying work, are given. The internal bony substance is essenceless and the use of the marrowy portion is not mentioned. The same might, however, be useful on the marrow Dhatu. In this way, Haritaki is classified in general and in particular, but it must be borne in mind that though it has many powerful properties, there is not one which is specifically powerful. Many qualities mean all of common importance. Whenever a specific property cannot be mentioned, there alone can be enumerated many properties. Such manifold meritorious medicines can be harmlessly effective by constant use in chronic diseases and in cases where vitality is lowered, and in many diseases that are mingled together. These

medicines are in many points similar to the substances wholesome to the healthy. The difference between the two is only this that the latter are able to occasion in a certain proportion the growth of the Dhatus and the former cure all diseases in general.

3. *Atarusha* (Adhatoda Vasica)

Text properties (Dhanvantari and Raj Nighantus)

आटरुषो हिमस्निक्तः पित्तश्लेष्मातिसारजित् ।

क्षयहृच्छर्दिकुष्ठघ्नो ज्वरदण्डविनाशनः ॥ १ ॥

वासा तिक्ता कटुः शीता कासघ्नी रक्तपित्तजित् ।

कामलाकफवैकल्यज्वरश्वास क्षयापहः ॥ २ ॥

(i.e. *Atarusha* is cold by *Veerya*, bitter and pungent, diminisher of *Pitta* and *Kapha*, curer of diseases like *Diarrhœa*, *Tuberculosis*, vomiting, *Kushthas* (Skin Diseases), Fevers, Thirst, Cough, *Asthma*, *Jaundice* and *Scurvy* (रक्तपित्तम्).

These properties can be classified by the *Rasa*, *Veerya*, *Vipaka*, and *Prabhava* System as follows :—

Rasa :—Bitterness is the main *Rasa* of *Atarusha* though pungence is not also quite much imperceptible ; so this has mixed *Rasas*. The local effects of these *Rasas* are to let the mouth flow and remove its stickiness, loss of appetite and phlegmaticness. But it is somewhat dejective.

Vipaka :—*Vipaka* is not clearly mentioned, but the *Vipaka* of Bitter and Pungent *Rasas* must be *Katu* or Pungent. In its digestive state, therefore, the general stimulant and digestive actions are produced. Being somewhat disappalling, it also contains little laxativeness.

Veerya :—Its *Veerya* has been said to be cold, and this is its speciality. In accordance with *Rasa* and *Vipaka*, it must have been hot. (रसाः कटुस्त्वलवण वीर्ये शोणो यथोत्तरम् ।)

So this cold *Veerya* shows that it has the principal *Rasa*—*Tikta* or bitter, or the power of pungent *Rasa* is marred by this cold *Veerya* and the actions of the Bitter *Rasa* are experienced in accordance with the *Veerya*. But there is also one difficulty, for, having told the cold *Veerya*, it is again said to be the diminisher of *Kapha*. Cold substances do not diminish *Kapha*, but they increase it. *Sushruta* does not mention even the

pungence of Atarusha but it has been said at the same time that it destroys Kapha :—

आटरुषकवेलागुडुची निर्वपपटाः ।

किरातित्तसहितास्तिक्ताः पित्तकफापहाः ॥ (सु. सू. अ. ४६ ८२,)

Besides, the violence (vehemence) of Atarusha that is experienced and is of great importance is not mentioned therein. The same violence or vehemence is itself effective upon Asthma, Cough, and the accumulation of Kapha in the region of the chest. But it is told here that the quality of its diminishing Kapha and Pitta, and the significance of the same can be shown as follows :—

(i) Atarusha is useful on the Diseases from Pitta such as Kushtha (Skin Diseases), Fever, Jaundice, meaning the diseases in the whole body, (which are called in the Ayurvedic terminology as the Shakhagata Diseases (of hands and feet) or the diseases in the outer path of diseases, Rasa and Blood Dhatu ; and

(ii) Upon the diseases from Kapha such as Asthma, Cough, Tuberculosis, Vomiting, which are produced in the region of the Chest. How can Atarusha be useful by one quality alone on both these kinds of diseases produced from both the different Doshas ? From the Vidagdhdhata (fermentation) produced in the blood (or the Rasa Dhatu), Kushtha and Jaundice are produced in accordance with its gradation. The medicine in this case should be such as will remove the Vidagdhdhata condition and should possess cold Veerya so that it will not create cauterization. On account of the mixture of these two qualities, it is useful on the above Pitta and the diseases from the same. But the clearing off of a greasy substance like Kapha cannot be done unless a very violent medicine is used on the diseases such as Asthma, Cough, etc. These are produced on account of the accumulation of Kapha in the chest. The useful part of Atarusha is its leaves, and there is a sort of vehement smell in their juice. If the juice is annointed to the palm of the hand, it gets a sort of stickiness, and snuffy dots are formed there giving the violent odour. This same violence is the clearer of Kapha which is accumulated in the covering substratum of the lungs. Kapha then coming into the state of Ullekha (point of being excreted) passes out and Cough, Asthma, Vomiting, etc., are cured. The difference between Atarusha and other violent substances is this that even while doing the action of the clearing off of Kapha, it creates no heat or cauterization. This is what is meant by its cold Veerya. In the diseases of Kapha, Kapha,

is first of all accumulated and after some time, it is turned into Vidagdhata (Spoiled) (changes into spoiled water and acidity is produced there विदग्धः क्षारतां ब्रजेत् ।) and in this, so to say the poisonous (Ama Visha) state of Kapha on account of the bodily disorder, a cauterizing and exciting quality is produced, which occasions a harmful effect of cauterization and abrasion on the covering layer of the lungs. In this condition alone, a medicine specially destroying Kapha, but cold by Veerya, is necessary. Hot medicines might diminish Kapha, but cauterization will be increased and there is then the possibility of Scurvy (Rakta-Pitta) being occasioned (flowing blood through the abrasions produced). So, without producing any untoward action, there must be a proper medicine which would destroy the disease that is produced, and Atarusha is by far the best in this respect. It is in the above stages that Phthisis and Scurvy are respectively produced, and on the same, Atarusha alone proves effective by diminishing Kapha with its violence, and Vidagdhata with its cold Veerya, and in the same process proves effective on Phthisis and Scurvy. The same properties are effective in the whole bodily disorder of the Rasa Dhatu. But the violence or vehemence is not so much clear and directly effective there as it is over the diseases of the chest. For the sake of accuracy in treatment, there should be a clear and unambiguous understanding as to Atarusha's curing the diseases of Kapha in the chest and those of Pitta in the Rasa and Blood Dhatus. So also along with the cold Veerya it should be mentioned that it has violence (meaning vehemence) of its pungence, as Katu (pungent) is the Anurasa (Subsidiary Rasa—Taste) of the Tikta (Bitter) Rasa in Atarusha (violence—वीर्यता is not only vehemence, उग्रता is included in it) in the properties of Atarusha, which is required to be clearly borne in mind for the full understanding of Atarusha.

Prabhava :—Atarusha's Prabhava is its use over the diseases of skin on account of its similarity with its leaves. That is to say, the use upon fever, Kushthas, etc., is its Prabhava. The Rasa-flowing canals in the body having been filled up by the sticky and phlegmatic substance, Rasa Dhatu does not properly circulate through them and then the action of production of other Dhatus such as blood, flesh, etc., does not go on smoothly and then there results weakness in them. This is what is known as the first stage of Phthisis—Raja-Yakshma. In this stage, due to the Vidagdhavastha (spoiled condition) of the accumulated

Kapha,—fever, etc., which are the untoward symptoms of phthisis are produced, and upon both these conditions of Kapha, Atarusha is effective. Besides, it is instantaneously effective upon the diseases of chest from Kapha such as Cough, Asthama, etc., so it is reasonably considered to be a very important medicine on Tuberculosis. In ordinary practice, Atarusha is being used on the local diseases of the chest only—such as Cough, Asthma, etc. and is considered to be the best medicine on these due to its instantaneous effect. There is, however no knowledge of its use being efficacious on Fever, Kushthas, etc. But the fact is that Atarusha's special action is chiefly seen on the diseases of the Rasa and Blood Dhatus and the skin, so also on Kushthas, taking into consideration its Rasa, Vipaka and Veerya and the similarity in its mould. In this way, Atarusha is a very effective medicine on the diseases of Kapha in chest and those of Pitta in Rasa and Blood Dhatus and in skin. Besides, there is also one speciality of Atarusha which can easily be understood. The juice in Atarusha's leaves is in a way foamy (this foaminess may be called slipperiness), and then why cannot this property show its prowess? Amongst the usual metabolic processes of the body, constant movement—contraction and expansion of the fleshy parts by which the actions of visible parts, as also those of the minutest cells, are going on. The exchange of the Rasa being the result of the bodily anabolism, it is due to this action of contraction and expansion. For this daily action, a sort of slipperiness-foaminess is required, for, without the same, there will be dreariness and unnecessary contraction. Whenever the action of production of the Dhatus is lessened, so also whenever a spoiled substance gets accumulated in the minute intercellular spaces in a clung state (stuck), such foamy vehement substance is useful to clear away these spaces (spaces in the fleshy mass). Violence gives stimulance, and foaminess and slipperiness produce softness which help their smooth movement and the purification of the Dhatus having been effected, their productivity which was temporarily stopped, again commences. In this consideration also, Atarusha seems to be the best medicine in Phthisis.

The illustrations given above will help to understand the classification of the properties. Effects on the mouth and throat as also the stomach, and the general actions are to be fixed from Rasa, actions in the digestive organs, especially intestines,

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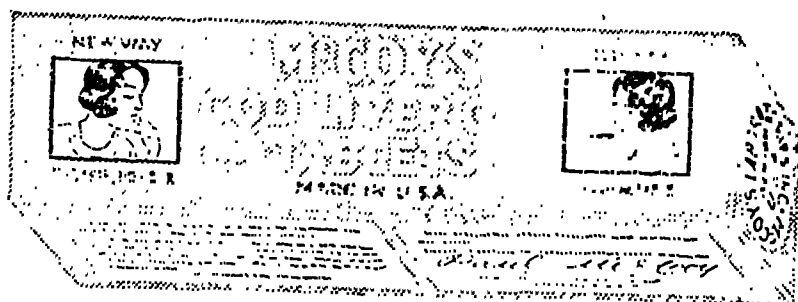
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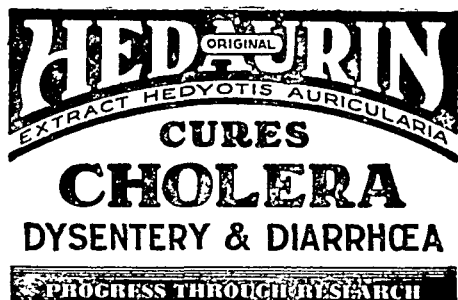
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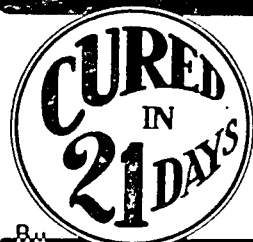


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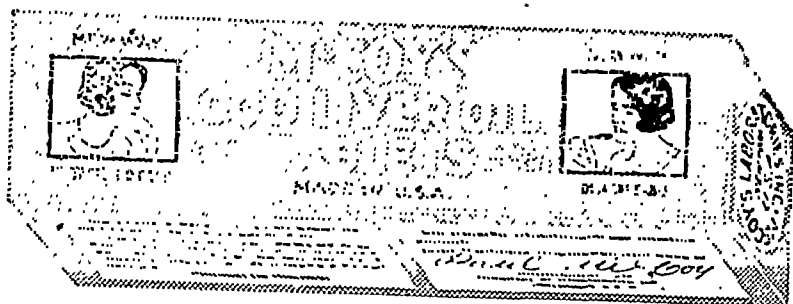
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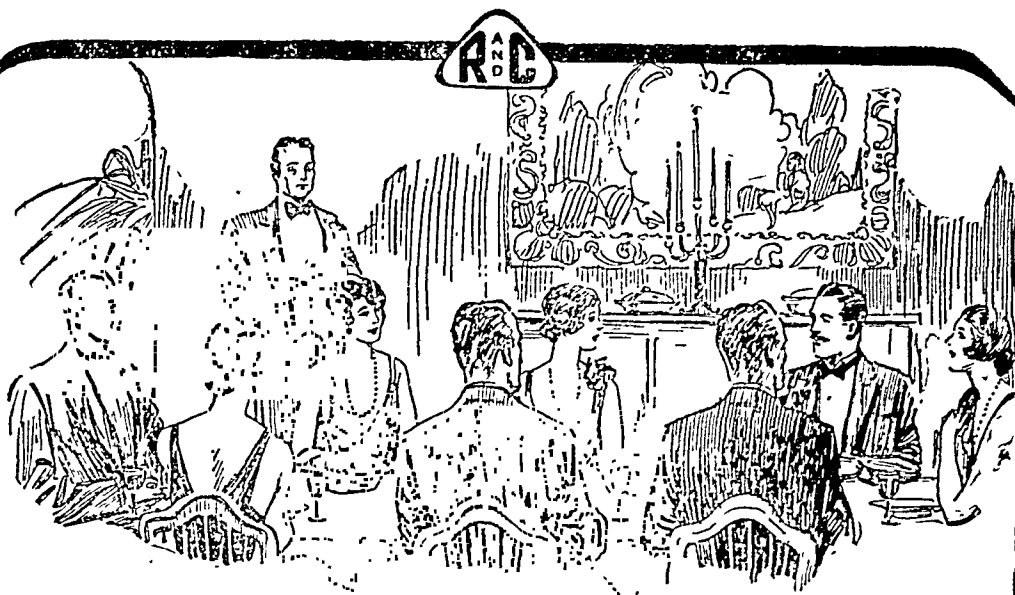
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Health for Everybody

Health is for everybody. It is never true that some possess health through luck and it has been denied to others by a partial Providence. One's own efforts and what his parents contribute towards his health are almost everything with the health of the individual. That parents' sins descend upon their children is no where proved with greater force than in the matter of health. To be well born and have healthy parents are the foundation stones in the masonry of health.

Weak parents make weak babes. Weak babes make weak persons. But by care and perseverance the defects inherited from parents, when not permanent or incurable, can be overcome with time. There are many persons, who have resisted luck with fortitude and have belied their inheritance in this respect.

Normally, health is for all and sickness is exception. In spite of the fact that sickness is so prevalent, yet health is the rightful possession of man. There are persons who have never been ill during a lifetime. Every person knows by experience that he can avoid illness by proper care, and fall a victim to a disease by ignoring the safeguards that protect him from illness.

That health is for the rich and sickness for the poor is a very common saying. Only an infinitesimal part of this notion is true. Where poverty interferes with proper food, clothing, shelter and rest, it is certainly a cause of disease; otherwise, the rich is as prone or rather more prone than as the poor to a disease. Everything that counts is the art of living healthy and sound. One who

knows how to ward off disease, how to derive strength and energy even from his daily duties knows also to overcome many of the limitations that stand against his normal growth.

Persons suffering continually from some sort of disease think that the healthy as a rule have to perform extraordinary feats to gain and maintain health. Rather the contrary is true. No doubt that athletes and competitors do something extraordinary to preserve health and fame, but for common people it is neither necessary nor advisable to do anything of that nature. It is sufficient and convenient for them to do simple things in the right manner.

Ordinarily diseases are not the outcome of any one great cause, it is often the accumulation of minor faults of omission and commission in respect of the rules of health. The transgressions that are daily and hourly made combine themselves and make us generally poor in health. Chronic diseases are generally the results of such small illnesses of long standing. It is then the one great cause of trouble to which others might be added by further indiscretions.

We cannot be uneasy today and from day to day and wait for health till some future favourable time. It has been truly said that "*To have the health for the year, and from year to year, it is only necessary to have it day by day.*" It may be and it often is, that when the effects of one malady are disappearing, some newer troubles manifest themselves and the impaired condition of health persists.

What gives health also generates disease. The difference lies in the manner we make use of it. It is the habit that we pursue in the performance of our daily work which is the real cause of health or disease. There is no body on earth, and cannot be any, who has not a set of habits which makes matters smooth for him. But for habits, it would have been difficult for anybody to

perform even a part of the work which he performs in a day. One must remember that the way in which we put our food into the mouth is also the outcome of a long habit. The food does not touch any part of the face even in total darkness.

When this is so, there is no reason why we shall not form such habits as would be only conducive to health. It is discrimination in forming habits and judicious elimination of those which are injurious that are the main factors in keeping one hale and hearty. Wrong habits will lead nowhere but to disease. In the very minutest details of our movements, we can follow such procedure as would ultimately reflect on health beneficially. We can make a routine and follow it scrupulously which would help us in building up our health. What action is there in our life which is not closely associated with health? In eating, sleeping, walking, sitting, breathing, talking; in posture, in recreation, in games and exercises, there is both health and disease. In hygiene and sanitation and personal cleanliness, in the arrangements for disposal of sewage, in the furnishing of sleeping apartments and of the kitchen, both health and disease are struggling to gain ascendancy. A systematic and regular habit, which helps the growth of health in the individual and the family, fights the disease and disease germs and prevents their entrance into the body and the homes. It is not sufficient if measures are taken which go only the half way; in matters of health only the right methods, habits which allow no room for encouraging illness, are to be adopted.

We can sow the seeds of health and nurture the plant properly, if there is no flaw in the habits that we pursue. Taking of meals at a fixed time is good, because our habits will be so formed that we shall feel hungry at that time and digestion will work out its function well. But if we also form the habit of taking our meals in a hurried

manner, without proper mastication, the beneficial effects of the former will be more than counterbalanced by the latter. Things done *any way* is another name for doing it in the *wrong way*.

It is not at all difficult to form such habits that will give health and nothing else. The thing needed is attention. Wherever anything is done haphazardly that gives loophole for the development of wrong habit. Those should be detected and suppressed at once. In all matters relating to health, promptness should be the watchword; dilatoriness in the performance of a work that should be done immediately will never allow a habit of the right type to be formed. Systematic delay in the removal of refuse from the house will not only teach procrastination in every matter, but will also help the growth of germs in the house.

In every matter, the inmates of the house must bear in mind that their should be the ideal homstead where illness is absent. Habit will choose its own course. The best time is childhood and children ought to be trained in health habits. If every action of theirs can be translated in the terms of health intelligible to them, it is an easy task to covert them to our own religion, the religion of health. At such a time not only the mind is trained, but alongside with it the physical state takes the right mould.

It is wrong to accuse Providence for our ill health; it is useless to run to the dispensary or to the doctor for advice. Patent medicines and change of climate will be of no avail if our habits are wrong. We must look unto ourselves for our well being. We must train ourselves in a way that our habits are never wrong.

With proper care and attention, with a will to be never ill, with a set of habits that fosters health and with an environment that breathes health,—health is for everybody.—“*Health and Happiness.*”

Original Articles

AYURVEDIC THERAPEUTICS

OR

THE THEORY OF RASA, BIPAKA, VEERYA & PRABHAVA

BY

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AMRAOTI.

(Continued from our last issue)

RELATIVE GRADATION AND ACTION OF RASA, VIPAKA, VEERYA AND PRABHAVA

After having read the description of Rasa, Vipaka, Veerya and Prabhava, a natural doubt is apt to arise. The action of Rasa (taste) takes place before the stage of Vipaka and it has no concern afterwards; Vipaka finishes its action before Veerya begins, and Veerya is marred by Prabhava. Texts also corroborate this :—

रसं विपाकस्तौ वीर्यं प्रभावस्तान्यपोहति । (चरक ; अ. ६)

It is also said that every substance effects some of its action through Rasa, some through Vipaka, some through Veerya and some through Prabhava :—

किञ्चिद्रसेन कुरुते कर्म पाकेन चापरम् ।

गुणांतरेण वीर्येण प्रभावेणैव किञ्चन ॥ १ ॥ (चरक, अ. ६.)

If these two quotations are, therefore, taken into consideration, Rasa, Vipaka, Veerya and Prabhava do not seem to support, but neutralize the actions of each other, and if this be so, how can their delineation be helpful to the understanding of properties? But this does not mean that Rasa, Vipaka, etc. in one substance destroy each other completely. But it must be taken to be that the second is more powerful than the first and so on with the subsequent, and the same is quite right. Because, Vipaka is more lasting than Rasa, and the same is more effective upon the body. The province of Rasa is from mouth to intestines. Veerya is more active than Vipaka, as the action effected is neither by

Rasa nor by Vipaka but by Veerya, and Probhava is altogether independent, or the same is the powerful property. This description is, therefore, to suggest their importance in this way. The meaning of the other quotation *viz*, "some action of a substance is effected by Rasa, some by Vipaka, etc.," if taken as the limited local action, it will be absurd. From the mouth to the stomach and small intestines, whole Rasa and blood Dhatus, and the particular place, are the limitations of the provinces of Rasa, Vipaka, Veerya and Probhava respectively. It only means that their actions in these parts are few. But this is not sufficient for the knowledge of Rasa, etc. Every action is effected by all the four—Rasa, Vipaka, Veerya and Probhava, *i.e.* for the bringing up of any action, all these four are essential. If any action is observed by these four means, then alone can a proper idea of the action be formed. Such a wide meaning is contained in this quotation.

For instance, the Rasa (taste) of long pepper (Pippali) is pungent, so it helps to infer its dejecting and oozing action in the mouth. But the same being of sweet Vipaka, after the oozing is stopped, instead of causing excitation of the mouth or any destructive action, the effect of the Sweet Rasa will take place. Any substance is digested with all its parts in the intestines, but some of its parts that touches the mouth etc. is digested by the local power of digestion or the digestive bile in the Dhatus. That is to say, even though chiefly the effect of Rasa is to be seen on the tongue, there would also be in accordance with the sweet Vipaka and hot Veerya the lasting effect. For instance, the same Pippali, though changed into sweetness in Vipaka, and, consequently no cauterization is possible in the intestines, but this sweetness is not an independent one. It is associated originally with the pungent Rasa and hot Veerya, and, therefore, if it is taken in larger quantity than what is required for the stimulant or digestive actions, there will certainly be cauterization and excitation. So that here also the chief action is effected of Vipaka, but not without Rasa and Veerya. From its hot Veerya, hotness is increased, circulation is helped, obstruction of the spaces is removed; but due to the sweet Vipaka, there is no cauterization nor any destructive action of the pungent Rasa and so Pippali becomes Rasayana or the elixir of life. Probhava, it is true, is a quality manifested in a particular province, but the form of those properties is to be

determined by Rasa, Vipaka and Veerya. If the similarity of Pippali is to be taken into consideration with the body, its fruit being brought into use (root is not, for the present, under consideration), its tumorous seedy construction bears similarity with the liver, spleen and tumours bearing the liquid bile, and the effect of Pippali is experienced on liver, spleen (especially on spleen) and the digestive organs. It is described as श्लेष्मभेदे पिप्पली । (च द.) (*i.e.* Pippali is the best among the medicines in the diseases of the spleen). But having ascertained the source of the properties of Pippali, its method of working must be understood. Otherwise, if it is not ascertained as to in what way it is to be used, mere knowledge of its usefulness on the spleen is as good as not known at all. Pippali is hot by Veerya and its original Rasa is pungent, so its effect upon the spleen, etc. will be of hotness and dejection or oozing, so that it will be useful to remove the spoiled bile from the spleen, liver, etc., and will be helpful to let flow in necessary proportion the digestive bile in these parts, and will thus cure the diseases caused from the spoiled bile and indigestion. At the same time, while this oozing and hot action is going on, instead of cauterization, due to its sweet Vipaka, it becomes a tonic of those parts. For the ascertainment of its Prabhava, the knowledge of Rasa, Vipaka and Veerya is essential. That is to say, the explanation of every action can be found in these four conditions of the substance, and this is exactly why at the time of recognizing each of its properties, knowledge of Rasa, Vipaka, Veerya and Prabhava is quite essential.

The employment of these Rasa, Vipaka, Veerya and Prabhava in the Ayurvedic Therapeutics has brought it a certain brevity, and without prolixity it could manage to indicate properties of substances very clearly. But every property must be tested on the touchstone of the above four (Rasa, etc.). In any science, prolixity is possible and unavoidable in the course of discussion and debates but after having ascertained the guiding principle with the help of conjectures and experiences, it receives aphoristic form as an established dogma. The knowledge of Rasa, Veerya, etc. is in this way a terse demeanour of the infinite properties of innumerable substances with the help of a guiding principle. One who wants to ascertain the properties must make the practical determination with the help of the reasoning followed in the terse aphorism of the description of properties and the infinity that is

arrived at in respect of each substance. Just as, there being infinity of the parts of the body (शरीरावयवामृतप्रमाणानुसन्दिनापरिसंख्यया भवन्ति चरकः), they are brought into a limited trineal classification of Doshas, Dhatus and Malas (दोषधातुमलमूलं हि शरीरम्,—सु. सू.), so also the compounds of the Rasas in substances are also innumerable :—

ते रसानुरसतो रसभेदास्तारतम्यपरिकल्पनया च ।

संभवन्ति गणनां समतीता दोषभेषजवशादुपयोच्याः ॥ १ ॥ (च. हि. सू.)

(i. e., the subdivisions of Rasas will be according to Rasas and Anurasas—innumerable ; they should be brought into use in accordance with the Dosha and the medicine). But only six Rasas are clearly perceptible by the organ of taste, only three Vipakas of them, even though Rasas are digested in the digestive organs in various manners, two-fold or eight-fold Veerya clearly perceptible in the body, and many sorts of powerful actions effecting on particular parts of the body ; such has been followed as the order, from which the description of qualities of substances made in brief become very easily understandable.

Only a gross knowledge of three Doshas is not sufficient to realize the actions in their deformed state. So Doshas, their parts, compounds of them, gradation, and their natural local action and then particular disorder—all these things are required for their realization. So also in the knowledge of these Rasa, Vipaka, etc., gradation of all, relative importance and unimportance, and the local powerful action—all these things together taken into consideration will help to understand the properties. Otherwise, for want of the determinative gradation of all the given properties, the common will receive importance and the important will be neglected so as to happen as—

यथा विषं यथा शस्त्रं यथाऽग्निश्च निर्घया ।

तथौषधमविज्ञातं विज्ञातमस्तु यथा ॥ १ ॥ (चरकः)

which is said in this quotation from Charaka

To achieve the goal of the medical science which is treatment, two kinds of knowledge are essential, viz. the order and arrangement of the bodily working (the knowledge of Anatomy and Physiology), and the other, clear understanding of the substances to be used in treatment (Therapeutics). The reasoning and theory followed by Ayurveda has been delineated in the writer's first compilation (Marathi book "Treatise on the Fundamental Principles of Ayurveda or Tridoshas" published five years ago). In this second compilation, the subject has

been delineated by 'authorised' works on Ayurveda. The information given therein may not be simple so as to be easily understood, but there is no help. It will not, of course, be difficult for those who study this subject or who desire to know it. This compilation is to delineate Therapeutics, and it is only the consideration herein as to what general reasoning is followed by the Ayurvedists as its basis. I cannot give the description of the properties of substances, as it is altogether beyond its scope. This compilation, I hope, will remove the complications appearing in the texts at the first sight, if properties are read with its help.

SUMMARY.

The subject-matter of this compilation is given here in a collective form so as to enable the reader to understand the order :—

1. Substance—

Each and every substance created—Infinite varieties.

2. The original components—

The five main elements—Earth, Water, Fire, Wind and Ether.

3. Elemental qualities of substances—

Eight chiefly :—

- | | | |
|------------------|---|-----------------------------|
| (i) Cold | } | —Abundant in water. |
| (ii) Phlegmatic | | |
| (iii) Greasiness | | —Earth and Water. |
| (iv) Softness | | —Abundant in Ether & Water. |
| (v) Dreariness | — | " " Wind |
| (vi) Clearness | — | " " Earth and Wind |
| (vii) Violent | } | —Fire |
| (viii) Hot | | |

4. Main Divisions of various substances :—

(a) Five according to five elements :—

- (i) Earthen, (ii) Watery, (iii) Firy, (iv) Windy and (v) Ethereal.

(b) Six according to the Rasas :—

- (i) Sweet Substances
 (ii) Sour "
 (iii) Salt "
 (iv) Bitter "
 (v) Pungent "
 (vi) Astringent "

(c) Three divisions according to Vipaka :—

- (i) Sweet Vipaka
- (ii) Sour „
- (iii) Pungent „

(d) Two in accordance with Veerya :—

- (i) Hot Veerya
- (ii) Cold „

(e) Eight in accordance with the subdivisions of Veerya :—

- (i) Hot Veerya
- (ii) Violent „
- (iii) Light „
- (iv) Dreary „
- (v) Cold „
- (vi) Heavy „
- (vii) Greasy „
- (viii) Soft „

(f) Three from actions :—

- (i) Appeasing Substances
- (ii) Irritating „
- (iii) Wholesome „ to the Healthy.

(g) Infinite from qualities, actions and moulds.

5. Common mould of the elemental substances :—

(a) *Earthen* :—Substance is heavy, bulky, steady, full of smell, causing heaviness, bulk, full of combination and accumulation.

(b) *Watery* :—Substance Liquid, cold, flowing (laxative), greasy, slow, thick, abundant of water and causes greasiness, ooziness, gladdens and causes tightness.

(c) *Fiery* :—Substance is dreary, violent, hot, clear, piercing, full of the form of colour and causes cauterization, vitality, colour, light (sight) and digestion:

(d) *Windy* :—Substance is dreary, clear, light, abundant in the quality of words and causes lightness and hollowness.

6. Common properties of substances from Rasa :

(a) *Madhura (Sweet)* :—Substance is gladdening, cold in Veerya, greasy, it increases Dhatus, Kapha, and destroys Vata and Pitta, increases strength, and cleans the organs of senses.

(b) *Amla (Sour)* :—Substance is cold by touch, cauterizing, hot by Veerya, it produces Pitta, is stimulant, digestive, produces Kapha and destroys Vata.

(c) *Lavana* (*Salt*) :—Is oozing, cauterizing, it produces Kapha and Pitta, is digestive, purifier and hot.

(d) *Bitter* (*Tikta*) :—Substance is stimulant, digestive, purifier, it destroys Pitta and Kapha, produces Vata and wastage of the Dhatus,

(e) *Pungent* (*Katu*) :—Substance is stimulant, digestive, purifier, hot, violent, dejecting, oozing, cauterizing, it destroys Kapha, produces Pitta and Vata, and causes wastage of the Dhatus and strength.

(f) *Astringent* (*Kashaya*) :—Substance is constipating, pressing, restraining, is purifying, attenuating, destroys Kapha and Pitta, produces Vata, clears off the moist discharge, and is cold by Veerya.

7. Relation of Rasas with the Five Elements :—

- (a) Madhura — Earth and Water
- (b) Sour — Earth and Fire
- (c) Salt — Water and Fire
- (d) Bitter — Ether and Wind
- (e) Pungent — Fire and Wind
- (f) Astringent — Earth and Wind.

8. Production or Destruction by Rasas and Doshas :—

- (a) *Sweet*—producing Kapha, destroying Vata and Pitta
- (b) *Sour*— „ Pitta & Kapha, destroying Vata
- (c) *Salt*— „ Kapha and Pitta „ Vata
- (d) *Bitter*— „ Vata „ Kapha and Pitta.
- (e) *Pungent*— „ Vata and Pitta „ Kapha
- (f) *Astringent*— „ Vata „ Kapha and Pitta

9. Rasas and Vipakas :—

- (a) Sweet and Salt — Vipaka Sweet
- (b) Sour — „ Sour
- (c) Bitter, Pungent
and Astringent— „ Pungent.

10. Rasa and Veerya :—

- (1) Sweet, Bitter and Astringent—Cold
- (2) Sour, Salt and Pungent —Hot.

11. Subdivisions of Rasa and Veerya :—

- (1) *Sweet* —Greasy, cold, heavy and soft.
- (2) *Sour* —Hot, greasy, light and violent.
- (3) *Salt* —Hot, greasy, violent and light.
- (4) *Bitter* —Cold, light, dreary and soft.
- (5) *Pungent* —Hot, Violent, light and dreary.
- (6) *Astringent* —Cold, heavy, dreary and slow.

12. General actions of Cold and Hot Veerya :—

(1) *Hot Veerya* :—Occasions giddiness, thirst, exhaustion, sweat, cauterization, digestion and destruction of Vata and Kapha.

(2) *Cold Veerya* :—Produces liveliness, restraint, clearness in blood and Pitta and gladness.

13. Special Properties of Rasas :—

Bitter, Pungent and Astringent are more and more constipating and dreary. Salt, Sour and sweet are more and more laxative and greasy.

14. What is Rasa :—

The minute portion of the five elements in liquid form in a substance as perceived by the tongue. It is of six kinds.

15. What is Vipaka :—

The form of Rasa produced or lasting with the association of the intestinal bile. Three kinds.

16. What is Veerya :—

The power of the property of Rasa assimilated with blood after it is produced from the consecration of digestion. Two kinds.

17. What is Prabhava :—

The action of the substance specially effective on a particular part of the body. Infinite and incomprehensible varieties.

18. What is the most Prabhavi :—

Rasa, Vipaka, Veerya and Prabhava are more and more powerful.

19. Prabhava is the superior to all and it is the most effective.

20. The minute knowledge from the delineation of Rasa, Vipaka and Veerya is determinative of Prabhava which is in the form of special properties.

TYPICAL AND AUTHORISED QUOTATIONS FROM TEXT TO BE REMEMBERED FOR THE KNOWLEDGE OF THERAPEUTICS.

आदर्श वाक्यानि ।

(१) यथा विषं यथा शस्त्रं यथाऽग्निश्च निर्यथा ।

तथैषधमविज्ञानं विज्ञातममृतं यथा ॥ १ ॥ (चरक सू. अ. ७-१२३)

(२) तस्मान्न भिषजा युक्तं युक्तिवाच्येन भेषजम् ।

धीमता किंचिददिष्टं जीवितारोग्यकाङ्क्षिणा ॥ (च. सू. अ. १-१२६)

(३) “विज्ञानमौषधीनाम्” । “शास्त्रसहितसर्कः साधनानाम्” ।

(च. सू. अ. २५-४०)

- (४) द्रव्यमेव रसादीनां श्रेष्ठं ते हि तदाश्रयाः ।
 पंचभूतात्मकं तत्तु क्षामधिष्ठाय जायते ॥ १ ॥
 अंपुत्रोन्मत्तिपवन नभसां समवायतः ।
 तन्निवृत्तिर्विशेषश्च व्यपदेशस्तु भूयसा ॥ २ ॥
 तस्मान्नैकरसं द्रव्यं भूतसंघातसंभवात् ॥ (अ. छ. सू. अ. ६)
- (५) द्रव्यभक्षणं तु क्रियागुणवत्समवायि कारणमिति । (सु. सू. अ. ४०-१०)
- (६) पाकी नास्ति विना वीर्यादीर्यं नास्ति विना रसात् ।
 रसो नास्ति विना द्रव्याद्द्रव्यं श्रेष्ठमतः स्मृतम् ॥ (७)
- (७) भूतेजो वारिजद्रव्यैः शासं याति समीरणः ।
 भूयंषु वायुजैः पित्तं क्षिप्रमाप्नोति निवृत्तिम् ॥
 खतेजोऽनिलजैः श्लेष्मा शममेति शरीरेणास्म ।
 विद्यत्पवनजाताशयां वृद्धिमाप्नोति मारुतः ॥
 आग्नेयमेव यद्द्रव्यं तेन पित्तमुदीर्यते ।
 वसुधाजलजाताभ्यां श्लेष्माः परिवर्तते ॥ (सु. सू. अ. ४०-७, ८, ९)
- (८) तत्र य इमे गुणा वीर्यसंज्ञकाः शीतोष्णान्निग्धरूच
 मृदुतीक्ष्ण, पिच्छिलविशदाश्लेष्माः तीक्ष्णोष्णवाग्नेयी, शीत-
 पिच्छिलावबुगुणभूयिष्ठी, पृथिव्यंबुगुणभूयिष्ठः स्नेहः,
 तोयाकाशगुणभूयिष्ठं मृदुत्वं, वायुगुणभूयिष्ठं तीक्ष्णं,
 चित्सप्तरीरगुणभूयिष्ठं वैशद्यं ॥ (सु. सू. अ. ४१)
- (९) उष्णस्निग्धौ वातघ्नी, शीतमृदुपिच्छिलाः पित्तघ्नाः,
 तीक्ष्णरूचविशदा श्लेष्मघ्नाः, गुरुपाकी वातपित्तघ्नाः,
 लघुपाकाः श्लेष्मघ्नाः । (सु. सू. अ. ४१)
- (१०) गुणा य उक्ता द्रव्येषु शरीरेष्वपि ते तथा ।
 स्थानशब्दि चयास्तस्माद्देहिनां द्रव्यहेतुकाः । (सु. सू. अ. ४१)
- (११) क्षामोऽग्निर्क्षावृतेजः खवान्त्वग्न्यनिलगोऽनिलाः ।
 इथोल्लङ्घीः क्रमाद्भूतैर्मधुरादि रसोद्भवः ॥ (अ. छ. सू. अ. ११-१२)
- (१२) तेषां विद्याद्रसं स्वादुं यो वक्तव्यगुलिपति ।
 आस्त्रायमानो देहस्य ह्लादनोऽक्षप्रसादनः ॥
 प्रथः पिपीलिकादीनामस्त्रः चालयते सुखम् ।
 हर्षणो रोमदंता नामक्षिभुवनिकोचनः ॥
 श्लवणः स्वदयत्यास्यं कपोलगलदाहकृत् ।
 तिक्तो विशदयत्यास्यं रसनं प्रतिहति च ॥
 चर्चजयति जिह्वायं कुर्वन्निमचिंसां कटुः ।
 कवाग्रो जह्येज्जिह्वां कंठस्थोतोविवंधकृत् ॥
 क्षावयत्यर्चिनासास्यं कपोली दहतीव च । (अ. छ. सू. अ. १०)

- (१३) रसकार्योणि—अ. छ. सू. स्वा. अ. १० श्लो. ८-२२, सुश्रुत सू. स्था. अ. ४२
अनुक्रम २१-२६ ; चरक सू. स्वा. अ. २६ अनु. ४०-४५.
- (१४) तत्र व्यक्ती रसः स्मृतः । (अ. छ. सू. अ. ८-३)
रसो निपाते द्रव्याणाम् । (चरक सू. अ. २६-७८)
रसेन ह्यनुमीयते द्रव्यं यथा मधुमिति । (सुश्रुत सू. अ. ४०-१७)
- (१५) जाटरेणाग्निना योगाद्यदुदेति रसांतरम् ।
रसानां परिणामान्ते स विपाक इति स्मृतः ॥ (अ. छ. सू. अ. ८-२०)
- (१६) वीर्यं तद्येन या क्रियते क्रिया । (अ. छ. सू. अ. ८-१७)
येन कुर्वन्ति तद्वीर्यम् । (चरक सू. अ. २५-२८)
उष्णं शीतं द्विधैवान्ये वीर्यमाचक्षतेऽपि च । (अ. छ. सू. ८-१०)
गुरुस्निग्धं हिमं मृदु । लघुरुचोष्णतीक्ष्णं च । (अ. छ. सू. ८-१७)
तीक्ष्णं रुचं मृदु स्निग्धं लघुष्णं गुरु शीतलम् ।
वीर्यमष्टविधं कैचिर्लोकैश्चिद्विधमास्थिताः ॥
शीतोष्णमिति वीर्यं तु येन या क्रियते क्रिया । (चरक सू. १५-८८)
- (१७) रसादिसाये यत्कर्मविशिष्टं तत्प्रभावजम् । (अ. छ. सू. ८-२८)
विशेषः कर्मेणां चक्रप्रभावस्तस्य च स्मृतः । (च. सू. अ. ८-२५)
- (१८) रसं विपाकस्तौ वीर्यं प्रभावस्तान्योपहृति । (अ. छ. सू. अ. ८-२५)
- (१९) प्रभावोऽचित्य ज्ञेयते । (चरक सू. अ. २५-२७)
- (२०) अमीमांसान्यचित्यानि मसिद्धानि स्वभावतः ।
आग्नेनेन पथीव्यानि मेघजानि विचक्षणेः ॥ (सुश्रुत सू. अ. ४७-१८)
- (२१) स्वादुः कटुश्च मधुरमम्लोऽस्त्रं पच्यते रसः ।
तिक्तोष्णकषायाणां विपाकः प्रायशः कटुः ॥ (अ. छ. अ. १०)
- (२२) रसाः कटुश्चलवणा वीर्येणोष्णा यथोत्तरम् ।
तिक्तः कषायो मधुरस्तद्वदेव च शीतलाः ॥ (")
- (२३) तिक्तः कटुः कषायश्च रुचा वद्धमलास्तथा । (")
- (२४) लघुरम्लः कटुस्तस्मात्तस्मादपि च तिक्तकः ।
- (२५) कटुश्चमधुराः स्निग्धा मृष्टविष्णुवमारुताः ।
कटोः कषायस्तस्माच्च मधुरः परमं गुरुः ॥ (")
- (२६) अव्यक्तोऽनुरसः किंचिदन्ते व्यक्तोऽपि चेप्यते । (अ. छ. सू. अ. १०)
- (१७) ते रसानुरसतो रसभेदास्तारतम्यपरिकल्पगता च ।
संभवन्ति गणनां समतीता दोषभेदजवशादुपथीव्याः ॥
(अ. छ. सू. अ. १०-४४)

रसवीर्यविपाकानां प्रभावस्य तथा पुनः ।

द्रव्यान्तर्निष्ठभावानां बोधायतं भवेदिति ॥

TRIDOSHA THEORY OF AYURVEDA

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(Continued from our last issue).

TRIDOSAAS

The next subject which I would therefore like to discuss now is to determine the dravya, guna and karma of the tridoshas or Tridhatus, as they are the principal constituents of the human body. This subject has been the object of discussion from the time Allopathic Science has set its foot on this ancient land of civilisation, and great and eminent Ayurvedists from Dr. Garde of Poona down to the late Dr. Yaminibhusan Roy, and our worthy Presidents Dr. Gananath Sen and Captain Shriniwas Murti have given their opinions about them. My profound respect for these worthy gems in Ayurveda encourages me to discuss the topic in my own way, and I hope to be excused if in this discussion I would differ from them in some respects.

TRIDOSHAS ARE MATTER

The first and foremost conclusion for which I would just put forward proofs is that the Tridhatus, or for the matter of that the Tridoshas are actual substances in the body. Ayurveda as stated above holds that दोषधातुमलमूलं हि शरीरम् ।

Which means that the visible body is composed of three varieties of substances known as Dosha, Dhātu and Mala. Of these, the 7 Dhatus and 3 Malas, are definitely known to be actual substances in the body. They can be seen, separated from the body, examined by all other senses and analysed. Their description in terms of their attributes (Gūṇas) therefore, has been given in Ayurveda, and their function in the general working of the body has also been clearly described. But all that has been done in short.

Whether the 3 doshas also can be so separated from the body, and analysed is a question, and it will be at some length that I

would quote from यद्य चतुष्टयं viz., चरका सुयुत अष्टांगहृदय and अष्टांगसंग्रह, what the Rishis have to say regarding this. वाग्भट says

शरीरज्ञानां दोषाणां क्रमेण परमीषधः । वस्तिर्विरेकीवभनं तथा तैलं द्रुतं मधु ।

From this statement it is evident that the Doshas are Shariraja i. e. produced in the body, and whatever is produced from the body must be a substance. Similary from the above-quoted statement दोषधातुमूलं हि शरीरं it is evident that if the body is composed of (Mulam) doshas they should also be actual substances, because according to Satkaryawada, which has been dealt with above at length while propounding the Panchamahabhuta theory, an existing entity like the human body (the structure alone and not mind, soul &c.) will always be developed out of an actually existing substance. Sushruta has already been quoted says बालपित्तक्षेपाण एव देहसंभव इति ।

Now a substance or a Dravya has been defined by Charaka as
यदाग्नितः कर्मगुणाः कारणं समवायि यत् तत्द्रव्यं ।

Therefore, a Dravya or substance is that which possesses some attributes (Guna) and which produces some sort of action (Karma) on any other part of the universe, either independently or in conjunction with something else.

If therefore the Tridoshas do possess some attributes, and if they also take part in the general working of the human system in one way or other, then they ought to be actual substances. Now if we look to any of these, four works on Ayurveda, we find that the description of the tridoshas has been given in terms of their attributes thus :—

रूचः शीतो लघुः सूक्ष्मः चलोद्य विशदः सरः । सारुतः ।

रूच शीत लघु दारुण सर विशदा षडिमे वातगुणा भवन्ति ।

रौक्ष्णं लाघवं वैशद्यं शैत्यं गतिरसुर्वत्वं चेति वायोरात्मरूपाणि भवन्ति । एवंविधत्वाच्च कर्मणः स्वालक्षणमिदमस्य भवति ।

तत्र रूक्षा लघुः शीतः खरः सूक्ष्मचलोऽनिलः । वाग्भट ।

Here असूर्तत्वमिति अदृश्यत्वं, आत्मारूपमिति स्वरूपं । So says Chakradutta.

From a careful perusal of this description of Wata, one would naturally conclude that what Ayurvedists call wata is an actual substance existing in the human body. It is Amurta i. e. not that it has no form (Murti) but invisible just as an ordinary gaseous substance is. Since its Atmarupa. Swarupa i. e. natural character or form or true constitution has been

described, we cannot agree with M. M. Dr. Gananath Sen who has stated in his Siddhanta Nidan on Page 13 that

रूक्षादिगुणाः वायोः कार्यानुमेया एव नस्तु साक्षादिन्द्रियगोचराः अस्मादृश्याः ।

No author or even commentator states that Doshas are Karyanumeya. Wipaka of a Dravya is said to be Karyanumeya, but not Doshas. In fact Arunadatta says—

एवं तद्गुणयोगाद्गुणगुणिनोरभेदोपचाराव्याप्ताद्योगुणतीनिर्दिष्ट ।

Therefore Wat is a certain kind of gas (which one—that we shall see later) like external air which we breathe, which is also Adrishya, because no one can say which is the color of the air. All the other attributes stated above do exist in any gaseous substance. For instance a gas is always lighter than any solid or liquid. Hence as compared with the other doshas, Pitta and Kapha, it is Laghu (Light). It is Sukshma सूक्ष्मः स्रोतः प्रचारित्वात्. *i. e.* subtle, minute because it can penetrate the most minute structures in the body as any gas can, and not a solid or liquid. Sukshmatwa cannot always mean अनिन्द्रियगोचरत्वं *i. e.* imperceptible by senses. Otherwise the word will have no meaning in sentences like जालांतरगतमानो यन्सूक्ष्मं दृश्यते रजः ।

Wat is Sukshma as compared to Kapha and Pitta which are Sthula because their form and color can be actually seen by the eye. In the course of a discussion regarding the nature of this Wat amongst the members of a conference which was held in those good old days, vide Charak chap. 12 of Sutrasthana, one of the members put the following question :

कथंचैनंवायुं संघातवतमनवस्थितमनासाय प्रकीपनप्रशमनानि प्रकीपयति प्रशमयति वा ? ।

Here Asanghat-vantam qualifies Wayu, and Chakradutta in his commentary clearly states असंघातमिति पित्तश्चेत्यवयवसंघातरहितं. This means that just as Pitta and Kapha are both possessed of Avayava-sanghat *i. e.* a form viz. that they are liquid, have a certain definite color, odour etc., this Wayu has nothing of the sort, and is therefore like external air.

So also अनवस्थितमिति चलस्वभावं says Chakradutta *i. e.* if Pitta and Kapha substances were put in a bottle, they would remain there occupying a certain volume, while if wayu were put in it, it would move about, and thus occupy the whole bottle, *i. e.* all the space available. Hence as compared to Pitta and Kapha it is चल—चलः गमनशीलः नैव दृढीति. It is Ruksha *i. e.* does not contain any lubricating quality ; and we know that there is no lubricating

quality in any gas whatsoever, and more so in air. Ruksha is a quality which is exactly opposite of Snigdha. It is Sheet *i.e.* cold as compared to Pitta and Kapha. The substances Pitta and Kapha, as will be shown later, possess acid properties in a more or less degree, and are therefore Ushna. Pitta being highly acid is Ushna, Kapha slightly acid and therefore contains nearly negligible quantity of Ushnata, while Wat is purely Sheeta. In fact a gas is naturally neither hot nor cold, but it is only when it is made hot or cold by external means that it becomes so. Thus Arunadatta says—

अनुष्णाशीतोवायुरितिकाण्डैः पठितः । योगवाहः परं वायुः संयोगादुभयार्थकः । दाहकतेजसायुक्तः शीतः क्लृप्तो मसंश्रयादिति । तस्य योगवाहित्वेऽपि तावन्मात्राददाहोदयाच्छैत्यं स्वाभाविकं न विनश्यति-शीतगणस्यावर्णने चेदं प्रयोजनमुक्तेनायमुपशम्यति इति प्रतिपत्त्यर्थम् ।

It is clear that a gas if it is heated increases in volume, and then passes out of the system, and thus it is got rid of—Upashamyati. It is Khar *i.e.* rough खरः अद्दुः as opposed to Kapha which is smooth—Shleshma, and we know that external air or any kind of gas is rough to feel or touch. It is Vishad *i.e.* clear and clean so compared to Pitta and Kapha which are Visra and Pichhila *i.e.* slimy and smeary. A liquid or a solid may be Pichhila, but a gas is always Vishad. Thus from the attributes in terms of which Ayurveda describes Wat, we conclude that

- (1) it is a Dravya—a substance or matter, and that
- (2) it is a kind of gas.

PITTA AND KAPHA DOSHAS

Next Pitta is described as सस्नेहमुष्णं तीक्ष्णं च द्रवमक्षरं कटु । पित्तं लघु विस्त्रं वा or पित्तं तीक्ष्णं द्रवं पूति नीलं पीरं तथैव च । उष्णं कटुरसं चैव विदग्धं चास्त्रमेव च ।

श्रीष्णं तैक्ष्ण्यं लाघवमनतिस्नेहो वर्णश्च शुक्लाकृण्वर्जो मधश्च विस्त्री रसां च कटुकास्त्री पित्तस्य आत्मरूपाणि ।

This description of Pitta exactly coincides with that of a dilute acid like hydrochloric or sulphuric. It is liquid (Drava), slightly oily (Sasneha) as any of the above-mentioned two acids are, and is capable of acting chemically on another substance like food, and therefore Teekhna तीक्ष्णं शीघ्रकारी मंदविपरीरं सूचीवमिति. It is hot to touch, Ushna, as compared to Wata and Kapha which are cold to touch (Sheeta). It is Ltght (Laghu) *i.e.* its specific gravity is lower than that of Kapha, (but not as compared to that of Wata) which being of slimy consistency (Pichhila) is always

Guru. It is sour and bitter in taste (Katu and Amla) as acids generally are, and yellowish and greenish in color. All the acids are generally of a yellow color. It is Visra i. e. दुर्गन्धि मत्स्यगन्धि as a bodily acid is likely to be. Thus we conclude that

- (1) Pitta is also a Dravya, substance or matter, and that
- (2) it is liquid with mostly acid properties.

Lastly Kapha is described as

गुरुशीतमृदुस्निग्धमधुरस्थिरपिच्छिलाः । श्लेष्मणः गुणाः । श्लेष्माशीतोयुरःस्निग्धःपिच्छिलःशीतएवच ।
मधुरस्त्वविदग्धःस्याद्विदग्धोलवणः स्मृतः ।

स्नेहशैत्यशीवत्यगौरवमाधुर्यमात्यर्थाणि श्लेष्मण आत्मरूपाणि ।

मृधमानो गुलियाह्वी । पिच्छिलः चकचकायमानः । इति पराणदत्तः ।

This description of Kapha agrees in every respect with that of any mucus secretion in the body. The secretion of the mucus and salivary glands of the mouth which we throw off in spitting is a nice example. It is sweet in taste (Madhur), of slimy consistency (Pichhila), slightly oily (Snigdha), white in appearance (Shukla), not quite watery like dilute acid, but slightly thick and therefore weighty (Guru & Sthira) and cold to touch (Sheet) as compared to pitta. That this secretion becomes saltish (Lavana) whenever there is any disease in the mouth is experienced by everybody when he suffers from cold. It is then that it gets Vidagdha. Thus we conclude that what is known in Ayurveda as Kapha or Shleshma is :

- (1) a Dravya—a substance or matter, and that
- (2) it is like the secretion of any mucus membrane in the system.

PRINCIPAL PLACES IN THE BODY WHERE THESE TRIDOSHAS ARE PRODUCED

Having thus proved that Wata, Pitta and Kapha are actual substances, let us now try to find out where and how they are produced, and what part they play in maintaining the general equilibrium (Dhatu-samya) in the body. The human structure like that of other living beings consists of a number of organs, grouped together into what are known as system such as Circulatory, Respiratory, Nervous, Digestive and so on. Of these the digestive system which enables the food that we eat everyday to be converted into the different tissues of the body, is from the point of view of supplying the wasted materials, and thus maintaining the equilibrium of all other systems, the most

important one. The principal part of the body which is engaged in this work is the Alimentary canal known as Mahasrota in Ayurveda, commencing from the cavity of the mouth and extending to the end of the rectum. This Mahasrota, has, for convenience of description and according to the primary functions which are performed in it, been divided by Ayurvedists into three parts :

- (1) Amashaya (Stomach)
- (2) Pakwamashaya-madhya or Nabhi (Deodenum)
- and (3) Pakwashaya (intestines both large and small)

and these three have been described to be the chief abodes of the three doshas Kapha, Pitta and Wata respectively.

पक्वाशयः वातस्य । पक्वामाशयमध्यं पित्तस्य । अमाशयः श्लेष्मणः । सु० सू० २१ ।

It is these three portions of the alimentary canal which are indicated by the Urdhwa, Madhya and Adhah portions of the body in the statement

वातपित्तश्लेष्मणएवदेहसंभवहेतवः । तैरेवाव्यापन्नैरधोमध्योर्ध्वं संनिविष्टैः शरीरमिदं वार्धते ।

Ordinarily this alimentary canal is divided into five parts, mouth, stomach, deodenum, intestines and rectum. But of these, the mouth simply helps the food to reach the stomach where the digestion and absorption processes just begin, while the rectum simply stores up and then throws off the waste products of the food. Hence from the point of view of pure digestion and assimilation they are not so very important although they help a great deal in these processes. A mucus membrane lines the whole alimentary canal from the mouth down right up to the rectum, and hence the mucus material (Kapha) is no doubt produced in the whole of the canal : but the substance Kapha is obtained in profuse quantity in the stomach and also its accessory the mouth, and so according to the व्यपदेशस्तु भूयसा the stomach is said to be its chief abode.

We shall now consider how the food which we eat every day is assimilated in the body, and helps to make good the waste, or increase the substance of the different tissues of the body. In fact Charakacharya while explaining the process has so elaborately and nicely dealt with the actual production of these substances Wata, Pitta and Kapha in the body that we are simply wonderstruck to see how their statements are exactly in coincidence with the modern conceptions of Physiology.

He says—

अन्नस्य सुलमावस्वपङ्कसस्य प्रपाकतः । मधुरात्प्राक्फोन्दावात्फेनभूत उदीर्यते ।

परंतु पच्यमानस्य विदग्धस्यान्नभावतः । आशयाच्चावमानस्य पित्तसच्छमुदीर्यते ।

पक्वाशयं तु प्राप्तस्य शीघ्रमाणस्य वज्रिना । परिपिंडितपक्वस्य वायुः स्यात्कटुभावतः Wagbhata is still more explicit

तत्तु अन्नं सर्वरसमपि पच्यमानं आदौ मधुरीभूतं कफं फेनीभूतमुदीरयति । ततो विदग्ध मज्जीभूतमाशयाच्चावमानसच्छं पित्तं । प्राप्य च पक्वाशयं कटुकौभूतमनिलं ।

KAPHA SECRETION

These statements show that as soon as the food which consists of all the six kinds of tastes मधुराक्षवपकटुतिक्तकषाय is taken in, chewed and swallowed, and thus reaches the stomach (Amashaya), there is a spontaneous flow in the stomach (उदीरयति, उदीर्यते) of a substance known as Kapha which is foamy in appearance फेनीभूत. The secretions from the salivary glands and the mucus glands of the mouth having got mixed with it while it was being chewed, and these secretions being all sweet in taste, there is an increase of sweetness already existing in the food taken. (आदौ मधुरीभूतं, मधुरात्प्राक्). But it is evident that the particles of food can be well acted upon chemically by an acid if instead of being in a mass or semi-solid state, they are reduced to a liquid or a viscous liquid state. Therefore some liquid, which would not allow the food at once to become Amla or Vidagdha, and would at the same time reduce it to a uniform liquid state, is required to be thoroughly mixed up with the food. This is provided by the gastric juice. Sushruta says :—

माधुर्यात्पिच्छिलत्वाच्च प्रकृतिदत्तात्तथैव च । आमाशये संभवति श्लेष्मा मधुरशीतलः ।

आमाशयः—चतुर्विधस्याहारस्याधारः । स च ततो दक्षैर्गुणैराहारः प्रकृतिप्रोभिन्नसंघातः सुखजरश्च भवति ।

The Audaka Gunas are those of Kledak Kapha (gastric juice) which contains nearly 99.5 p. c. of water

The process of digestion and absorption begins here in the stomach. A profuse quantity of this gastric juice gets mixed up with the food, and then it passes on from the mixture thus obtained to chyle (Rasadhatu), and thence to blood, and through blood to various other places in the body, where similar other mucus membranes exist. Thus it causes secretion according to the general rule

इद्धिः समानैः सर्वेषां विपरीतैर्विपयेभ्यः ।

Sushruta, therefore, says that सः क्लृप्तकफः तदस्य एव स्थगन्ती शेषां श्लेष्मानानां शरीरस्य च संदक्कर्मणा अनुगृह्ण करीति ।

From this it is evident that this Amashaya is the chief abode of Kapha.

Moreover Charak says—

वमनं तु सर्वापक्रमेभ्यः श्लेष्मणि प्रधानतमं मन्वते भिषजः । तद्धि आदित एवामाशयमनुप्रविश्य केवलं वैकारिकं श्लेष्ममूलमपकर्षति । तवावजति श्लेष्मपयोऽपिशरीरांतर्गताः श्लेष्मविकाराः प्रशान्तिमापदन्ति । तथा भिन्ने केदारसेतौ शालियवपट्टिकादीन्यभिष्यंदमानान्यभसा प्रशोषमापदन्ति तद्धृदि ।

This shows that the best course according to Charak for removing Dhātu-vaishamya due to Kapha is to administer medicines which would cause vomits, and thus empty the stomach, because the Shleshma there which is the root cause of all other diseases in the system due to Kapha is thereby eradicated from the system. Not only that but owing to the removal of this Shleshma-mula, which, as stated above, nourishes the other four kinds of similar Kapha secretions to be described later on all other diseases in the system due to Kapha disappear, just as when a field laden with crops is under water, the crops get withered owing to excess of water, but if the dam be opened at a certain point, and the water allowed to get out, the crops again attain their normal condition. This statement clearly proves that it is this Amashaya-gata Kledak Kapha (gastric juice) which is the root cause of all other diseases in the system due to Kapha. If it is produced in normal quantity, the whole system goes on all right, but if owing to some internal or external cause its quantity is increased, it has to be removed by Vamana. That this gastric juice flows spontaneously as soon as food is taken in the mouth is proved from the following passages from "Hali-burton's" Physiology : "Pawlow has by a very ingeneous surgical operation succeeded in the dog in separating off from the stomach a diverticulum, which pours its secretion through an opening in the abdominal wall. The following are his main results :—

(1) Increase in the quantity of food given causes an increase in the amount of gastric juice secreted.

(2) The increase is most abundant in the early periods of digestion (वशीहोरविमुक्तानां ततमध्यादिनः क्रमात् is a statement which clearly tells us that Kapha is most abundant in the Adi part i.e. early periods of digestion, but it continues to be secreted (उदीर्यते) as long as any food remains to be dealt with. When there is no food given, there is no juice, but sham feeding or chewing will cause it to flow."

(To be continued.)

FEVER IN AYURVEDA :

BY

ASHUTOSH ROY, L.M.S.

Hazaribagh.

—:o:—

(Continued from our last issue)

SPECIAL DIET IN NIRAM STAGE OF VAYU FEVER.

In the Niram stage when fever is off, give rice "Javagu" and meat soup mixed with juice of grapes and "Amloki" (Embelic myrobalum) if there is constipation.

If pain in the sides, head or rectum persists in the Niram stage when fever is off, give rice "paya" with kantikari (solanum xanthocarpum) and Gokhura (Tribulus Terrestris) both of which are diuretics.

If cough, hiccough and other respiratory trouble persist in the Niram stage when the fever is off, give rice "paya" medicated with "Salpa Panchamul" (specific for Kapha).

It may be noted that there are 3 kinds of Rice "Javagu" (rice meal) according to consistency. These are :—

Manda—clear, strained, liquid obtained after boiling rice in a "Handi" (special earthenware pot) boiled on cow dung cake ("Ghutia").

Paya—contains more liquid with a little sediment.

Bilapi—contains more sediment less liquid.

Note—Anna is boiled rice without liquid.

We thus see that any intelligent student of Ayurveda can treat medicinally and dietically any case of 'Vayu' fever by writing out his own prescription (specific combination) according to special indication in each particular case, provided he has clear idea of the action of drugs used in his prescriptions. *Much of the criticism that the present day Ayurvedic treatment is quackery more or less (consisting in the use of patent prescriptions) will disappear.*

Junior practitioners should carefully study the combinations given above. In the beginning of their practice it is often desirable

to use those patent combinations, after carefully studying those combinations and their indications. Gradually the young practitioner should attempt to write out his own combinations in each individual case. In this way he will gradually be able to write out his own prescription in each case like allopathic practitioners.

Often specific combinations *e.g.* Dasamul, Brihat Panchamul Salpa panchamul etc. which are directed to re-establish the equilibrium of deranged Vayu and Kapha, should be used intact along with other medicines according to special indication in each case, for centuries of experience have proved their efficacy as specifics.

It should be noted that prescriptions similarly named in different books give different combinations, though more or less allied in action. To use a name, a label, as a prescription without stating the exact combination you require in a special case is unscientific. Of course the present practice with the Ayurvedist is to serve his own prescription but gradually this state of things will disappear and then much anomaly will arise. Already good pharmacies are springing up here and there to prepare good Ayurvedic combinations.

A bad practice has arisen amongst some kabirajas to alter the orthodox names of Ayurvedic prescriptions and charge extra from their patients. This is far from professional honesty and is against the spirit of Ayurvedic science. Science is incompatible with secrecy.

(2) *Pitta Fever.*

This group includes the bilious fevers, malaria, remittent etc.

Indications for treatment.

- (1) Specific febrifuges to check this group of fevers, etc.
 Khetpapra (oldendalia corymbosa)
 Katki (Picorrhiza Kurrooa)
 Aconite
 Neem (Melia azadirachta)
 Akanda (calatropis procrea)
 Gulancha (Tinospora cordifolia)
 Chireta—antibilious febrifuge,

We have mentioned a large number of drugs which can be used with advantage in the bilious groups of fevers and we must try

to differentiate their actions for better application in individual cases.

Khetpāpra—is a specific in bilious fevers generally. A simple decoction alone is sufficient to check "Pitta" fever. It is good in Vayu-pitta fever also (e.g. remittent fever with gastric irritability); as decoction combined with aromatics it is cooling.

Katki—is useful in bilious fever with constipation.

Aconite—It is useful in the first or inflammatory (Pitta) stage of fevers. By depressing the heart, it depresses the circulation, slows the pulse and reduces tension (in bilious fever, the fever toxin excites the heart, quickens the pulse and increases the tension). It is also used to relieve pain in Vayu-Kapha fever (rheumatic and Neuralgic pains acting more on sensory Nerves).

It may be noted that in Vayu-pitta fever, Nervous system is excited and in Vayu-Kapha fever, it is depressed.

Neem—is a useful antifebrile in intermittent fevers with Liver (Pitta fever) and in Vayu-pitta stage (acute stage) of rheumatic fever. It contains sulphur.

It is an important ingredient in such Ayurvedic prescriptions as "Pancha Nimba" and "Pancha Kashai" (five bitters).

Akanda—It is a good febrifuge in low fevers (e.g. when the acute stage of malaria is over). When the Pitta excitation is depressed, depressing at the same time Vayu-Kapha and thus a lower stage of equilibrium is reached.

The writer has personally found it efficacious in chronic intermittent malaria. It is not mentioned in Ayurvedic books in association with Pitta fever. The writer's dose is to give an adult leaf for adults early morning in empty stomach, pasted and rounded as a pill.

Gulancha—is a good antiperiodic and diuretic, specific for "Kapha"

Chireta is antibilious, febrifuge.

- (2) Specific combinations for special symptoms e.g. thirst
- (3) Accessory procedures.

The old school, as already noted, gives the pachans in the Niram stage of "Pitta" fever also,

ANALYSIS OF INDIVIDUAL PRESCRIPTIONS USED IN PITTA FEVER AND ITS COMPLICATIONS

These may be grouped as follows :—

- (1) In which khetpapa is the only febrifuge.
- (2) In which khetpapa is combined with katki.
- (3) In which khetpapa is combined with Gulancha.
- (4) In which Gulancha is the only febrifuge.
- (5) In which katki is the only febrifuge.
- (6) In which katki is combined with Nim.
- (7) In which Gulancha is combined with Aconite.
- (8) Symptomatic prescriptions.
- (9) In which khetpapa, Gulancha and katki are combined.
- (10) Cooling drinks.

(1) *In which khetpapa is the only febrifuge.*

We have already stated that decoction of khetpapa alone is efficacious in checking simple Pitta fever.

Parpati-Kwath—It contains besides Khetpapa.

Red Sandal wood—bitter, antiseptic, excreted through lungs and kidneys.

Bala (*Pavonia adourata*)—fragrant, cooling

Dried Ginger—carminative.

Khaskhas (*Andropogon Khaskhas*)—fragrant, Soothing.

Indicated in Pitta fever with burning and want of appetite.

Hribaradi-Kwath—It contains besides Khetpapa.

Red Sandal wood—bitter, antiseptic, fragrant, cooling.

Bala (*Pavonia adourata*)—fragrant, cooling.

Khaskhas (*Andropogon Khaskhas*)—fragrant, cooling.

Mutha (*Cyprus rotundus*)—antibilious, diuretic, diaphoretic.

Indicated in bilious fever with intense thirst, burning and slight diarrhoea.

(2) *In which Gulancha is the only febrifuge.*

Liquid extract of Gulancha is combined with coriandar (carminative) and Sugar. Controls the fever with diuresis.

(3) *In which katki is the only febrifuge*

Kalinyadi-Kwath—It contains besides Katki.

Mutha (*Cyprus Rotundus*)—antibilious, diuretic, diaphoretic.

Indrajab (Seed of *Holarrhœna antidysentrica*)—astringent,
good in mucous stools

Katphal (*myrica Sapida*)—astringent.

Aknadi (*cissampelos Hexandra*)—astringent

Sugar.

In this prescription the cathartic effect of Katki is corrected by the addition of astringent drugs. It is indicated in Bilious fever (Pitta fever) with mucous diarrhoea and in bacillary dysentery.

A simpler combination gives one astringent only (Indrajab) and omits the other two (Katphal and Aknadi)—similar indication with slight stool full of mucus.

Tiktadi-Kwath—contains the same ingredients as Kalingadi-Kwath to which Bala (*Pavonia odourata*-fragrant) is added. Similar in action to Kalingyadi-Kwath.

(4) *In which Khetpapra and Katki are combined.*

Drakhyadi-Kwath—It contains besides Khetpapra and Katki,

Dried Raisins

Haritaki (*Chebulic Myrobalum*). } Laxative

Mutha (*Cyperus Rotundus*)—Diuretic and Diaphoretic.

It is indicated in Bilious fever with constipation, ulceration of mouth, severe burning and thirst, delirium and unconsciousness. The toxins are removed mainly from the intestines which are very loaded. To increase the purgative effect still further

Sondal (Pulp of cassia *Fistula*) Purgative is sometimes added.

Duralavadi-Kwath—It contains besides Khetpapra and Katki,

Duralava (*Alghai mauroium*)—diuretic

Basak or vasak (*Adhatoda vesica*)—expectorant

Chireta—Antibilious, bitter

Priyangu (*Alghai Ruxburgi*)—soothing, astringent.

It is indicated in Pitta fever with thirst and burning and in Kapha-Pitta fever also.

Visyadi-Kwath—It contains besides Khetpapra and Katki,

Dried Raisins—Laxative

Mutha (*Cyprus Rotundus*)—diuretic, diaphoretic

Haritaki (*Chebulic myrobalum*)—Laxative.

It has the same composition as Drakhyadi-Kwath having the same indication.

(5) *In which Khetpapra is combined with Gulancha.**Kiratadi-Kwath*—It contains besides Khetpapra and Gulancha,

Chireta—antibilious, bitter

Red Sandal Wood—fragrant, cooling

Coriandar—carminative

Khaskhas (Andropagan Khaskhas)—fragrant

Padam Kasta (Prunus Padam)—fragrant

to which often

Haritaki (chebulic myrobalum)—Laxative, is added.

It is indicated in bilious fever with burning, thirst, nausea vomiting and bitter taste in the mouth.

Lodhradi-Kwath—It contains besides Khetpapra and Gulancha,

Lodhra (symplocos Racemosa)—astringent

Lotus flower—cooling, astringent

Anantamul (Hemidesmis)—alterative

It is astringent, cooling, antifebrile in bilious fever.

Guduchyadi-Kwath—It contains besides Gulancha and Khetpapra—

Chireta—antibilious, bitter

Dried Raisins

Tewari (Ipomœa Turpetum) } —Laxative

Amloki (Embelie myrobalum)—Astringent

Vasak (Adhatoda Vesica)—Expectorant

Mutha (cyprus Rotundus)—Diuretic, diaphoretic

Bala (Pavonia odoureta)

Khaskhas (Andropogon Khaskhas) } —Fragrant

Aguru (Aquilaria Agallocha)

It is indicated in Pitta and Kapha-Pitta fever.

(6) *In which Gulancha is combined with Aconite.**Bhunimbyadi-Kwath*—It contains besides Aconite and Gulancha,

Lodhra (Symplocos Racemosa)

Indrajava (seed of Holarrhœna antidysentrica) } Astringent

Bark of Bael fruit (œgle marmelos)

Chireta—antibilious, bitter

Coriandar—carminative

Mutha (cyprus Rotundus)—diuretic, diaphoretic

Bala (Pavonia odourata)—fragrant, antiseptic

It is indicated in Pitta and Kapha-Pitta fever with mucous in the chest and abdomen.

(7) *In which Katki is combined with Neem.*

Mridyakadi-Kwath—It contains besides Neem and Katki,

Dried Raisins	} Laxative
Glycerrhiza	

It is indicated in Pitta fever with constipation.

(8) *In which Khetpapra, Gulancha and Katki are combined*

Mahadrakhyadi-Kwath—It contains besides Khetpapra, Gulancha and Katki the following :

Mutha (cyprus Rotundus)—diuretic and diaphoretic

Duralava (Alghai maurorum)—diuretic

Dried Raisins	} —Laxative
Haritaki (chebulic myrobalum)	

Jastimadhu (Glycerrhiza)

Red Sandal wood

Padam Kasta (Wood of Prunus Padam)	} —Fragrant
Bala (Pavonia odoureta)	

Khaskhs (andropogon khaskhas)

Vasak (adhatoda vesica)—expectorant

Patole (Tricosanthus Dioeca)	} antibilious, bitter
Chireta	

Dhania (coriandar)—carminative

Phalsa-acid fruit of (zanthocarpus grantium)	} astringent
Priyangu (Alghai maurorum)	
Indrajab (seed of Holarrhœna antidysentrica)	

It is a complex prescription used in Pitta and Kapha-Pitta fever with severe complication like mucous diarrhœa, Bacillary dysentery etc. The combination of Laxatives and astringents are "correctives" to each other.

(9) *Symptomatic combinations.*

(a) *Duralavadi Kwath*—It contains

Duralava (Alghai maurorum)—Diuretic

Mutha (cyprus Rotundus)—Diuretic and diaphoretic

Chireta—antibilious, bitter, febrifuge.

It is indicated in Shyam Stage of Pitta fever, when the patient cannot bear too much fasting and some light medicine should be given to correct the dosha and quickly bring the Niram Stage.

(b) Decoction of dried Raisins and Sandal (cassia fistula)

It is laxative in Pitta fever.

(c) *Patoladi Kwath*—

Palta (Leaf of *Tricosanthus Dioica*)—specific, antibilious,
Laxative

Glycerhiza—Laxative

Indrajava (seed of *Holarrhæna antidysentrica*)—astringent

Dhania (coriandar)—carminative

Sugar

Indicated in Pitta fever in Shyam Stage when nature and fasting fail to correct the deranged Am-Rasa (chyle)

(d) *Triyomanadi-Kwath*

Bala (*sida cordifolia*)—fragrant, antiseptic

Flower of Mahua (*Bassia Latifolia*)—acid, astringent

Chireta—antibilious

Mutha (cyprus Rotundus)—Diaphoretic

Long Pepper—Carminative

Glycerhiza

Haritoki (chebulic myrobalum) } Laxative

Indicated in Shyam Stage of Pitta fever with complications.

(10) *Cooling drinks to relieve thirst* (medicated.)(a) Take fruit of Gambhari (*Gmelina Arborea*)—Laxative

Phalsa (fruit of *Gruria Asiatica*)—astringent

Mahua (fruit of *Bassia Latifolia*)—appetizer, stomachic } acid

Sandal Wood

Kaskhas (*Andropogon Khaskhas*) } Fragrant, cooling

(b) Take Dried Raisins—Laxative

Anantamul (*Hemidesmis*)—fragrant, alterative and sugar.

(c) The best is *Sadanga Paniya*. It contains—

Mutha (cyprus Rotundus)—diaphoretic and diuretic

Khetpapa (oldendelia corymbosa)—specific, antibilious

Red Sandal Wood—cooling, fragrant, antiseptic

Root of Khaskhas (*andropogon Khaskhas*)—fragrant

Bala (*Pavonia odoureta*)—fragrant

Sunth (Dried Ginger)—carminative

It checks both thirst and heat of body.

(d) Coconut water is good to relieve thirst and burning in
“Pitta” fever.(e) Water in which “chinra” (paddy fried and pressed or unripe
paddy pressed after taking out the outer cover) is good
to relieve Pitta with loose stool.

(To be continued.)

Health and Hygiene

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PREVENTION OF INSECT BORNE AND VENEREAL DISEASES

Major J. D. Mingos M.C., U. S. Army in course of his lecture at S. Juan de Dios Hospital said :—

Once more I have to appear to you this morning to talk about a big subject ; namely, the prevention of diseases spread by insects and venereal diseases.

The diseases which we are going to touch first are those spread by insects. I do not know the actual rate of diseases in the islands spread by the mosquito, louse, bed bugs and others of similar nature. In the States, we have very high rate of incidence. We will discuss to-day the diseases caused by mosquito bites. One of the big examples is Malaria. Dengue fever and yellow fever are other examples of diseases caused by mosquito. Typhus fever is another disease caused by the bite of louse (*Bacillus typhi exanthematici*). The plague—both bubonic and pneumonic is another disease caused by the flea bite.

As I said, before one is infected, we must have an infected individual as host that is capable of transmitting that condition to unaffected individuals. In other words, we must have receptor, an individual who is capable of receiving that infection and let that infection grow in his body.

The first disease we are going to touch is malaria infection ; how it is transmitted and what precautions we must take to control the condition. Malaria is transmitted by the anopheles group of mosquito. The main source of transmission is the female of the group which is responsible for the spread of the disease. The male mosquito does not take part in the spread. So that when you are bitten by the male mosquito, you do not have to worry about acquiring the disease. A mosquito that hums before and after biting is the female mosquito and that is the time when transmission is possible. If we have an individual affected by malaria fever, the female anopheles mosquito will bite that individual and for a period of 2-5 days, cell section or division will take place and when that mosquito bites another unaffected individual this one receives the infection through the blood of the infected individual. So we must do something for the control of malaria. We should take steps in the prevention of the mosquito breeding places. (An example is yellow fever in which the death rate is very high), Get rid of the mosquito breeding places and you will get rid of the disease. However, it is easy to get rid of the mosquito when we say it but it is rather hard when actually doing it. There is almost an every day occurrence of the disease and figures show that the number of cases range from 10-15 a week. But this is not

so great as in other tropical cities. The control is absolute, if every individual will always sleep with the mosquito net.

The anopheles mosquito breeds in standing water, may be moving water in banks, ditches, lakes and rivers. The mosquito lays the eggs on the water and the anopheles eventually emerge from the eggs. If we take steps to prevent the existence of stading water, no tins and pails containing water, no receptacles containing whatever remains where the mosquitoes will have chance to lay eggs ; if every pond, canal should be sprayed with oil solution making a film on the water, we will be able to prevent the existence of breeding places and in that way we kill all the mosquitoes. Clean and scrap the canal so that there is no water standing, and if those things are done properly, we shall have performed a big hygienic task. Once the growth of the mosquito is prevented, the existence of malaria is also prevented.

Comment—In William Fort McKinley, an incident happened. In one of the quarters, an inspection was made. Nothing could be taken into account as the possible means for the existence of mosquitoes. But on one occasion, there was a refrigerator and below this refrigerator, are found cans filled with water so as to prevent ants from climbing up the refrigerator. Upon close examination, there was found plenty of mosquito larva inside the cans

Educate the people to have all cans under the house, or in any place removed. Teach them that it is through these cans containing water, that the mosquito breeds. There are other ways of getting rid of the larvae. For example, those small fishes about three inches long found in lakes near the city, eat the larvae. (But these fishes eliminate thousands of mosquitoes). The cans below the refrigerator should be filled with oil of any kind so that the mosquito will not be able to live in.

As I have told you that the time for the growth of mosquito is from 3-5 days. This condition however varies according to the temperature. Back in the states, in the temperate zone, 7-10 days is the time to have the larvae become mosquito.

Having done all we can to prevent the spread of the mosquito and the prevention of the malaria fever, still we have cases appearing. So our attention will be turned to prophylactic measures against malaria. If every man in the group or community, take 8 gr. of quinine sulphate every day, at least the prevention of malaria fever may be possible.

(Comment—In Lingayen, we are going to experiment on a group of men, about 600 will be taken. Two hundred will be given quinine sulphate, two hundred will be given phenacetine, and two hundred will be given plasmochine. The result of this experiment will be known later on.)

Another thing to be done to prevent the spread of malaria is that when you have a malaria patient, provide him with mosquito net and get the mosquito away from him. Always see that the patient is in the mosquito net. Isolate the patient and give prophylactic treatment as plasmochin.

Dengue fever is another disease, which must be prevented. No causating agent of this disease has been isolated but it was supposed to be caused by filterable virus, which is transmitted through mosquito bite.

(Comment—Several years ago, a good friend of mine invited me in their house in San Antonio Texas. As there were many mosquitoes, one of the officers looked for the source but none could be located. One day the same friend of mine invited me to dine with him. He happened to tell me that they have plenty of small fishes. Below the table there was a bowl of water, and when I examined it I found that what he told me to be small fishes were nothing but wrigglers.)

No body knows the pathology of dengue fever, because there has not been any death due to true dengue. We must take control measures for the prevention of this disease, and the prevention is just like the prevention of the malaria fever.

I should mention the other fever—the yellow fever, but I do not know the existence of this disease here in the islands. You will get life time immunity once you are infected by this disease.

Typhus fever is another disease—but this is caused by louse common in Balkan States, Russia, and Siberia. The only treatment is cleanliness. Cleanliness is the only means of preventing this disease. The chance of being infected by this kind of disease will be less if cleanliness of clothes and body are properly observed.

We have many other conditions caused by mosquito, and the most important is relapsing fever, but I will not discuss the disease as it is unknown in the islands.

Plague—both bubonic and pneumonic. The disease takes place from the rats through flea bite. The only way to control this disease is to have everything clean, the house, the premises together with garbage and the prevention should be taken by the public health by preventing the rats from landing to ships.

The last thing that I am going to touch to-day, is the prophylactic measures for the venereal diseases. I am not going to give you hints on the treatment of venereal disease, because your professor can give you more facts about the treatment of this disease, I will talk about the steps to be taken to control the spread of the venereal diseases. There are three kinds of infection, namely the gonorrhea, syphilis, which is the hard chancre, and chancroid, the soft chancre. The last is caused

by bacillus of Ducrey ; gonorrhea, by gonococcus ; and the hard chancre, by the spirocheta pallida.

In the army, we adopted prophylactic treatment and actual steps taken whenever any man in the army is exposed to venereal disease.

In the navy, they are doing a very nice procedure in the prophylactic treatment of venereal disease. There are prophylactic stations in different places. We required every man exposed to venereal disease to report to any one of the stations. The attendant in the station will examine at once the patient and see if there are discharges. Then if there are, the attendant will require the patient to wash thoroughly the genitals and the surrounding part. After this is done, the attendant will run 1 : 5,000 bichloride of mercury solution over the penis and genitals, being careful not to let any solution get into the urethra. After this time, 1 c.c. or 4 c.c. of 2% solution of protargol is injected into the penis, into the urethra and the man is required to hold the solution for 5 minutes. After the time required, the solution is allowed to pass out. After this is done, the man is given 10% calomel ointment and required to rub it thoroughly around the penis. The bichloride of mercury solution has for its purpose to get rid of the bacillus of Ducrey and the 2% solution of protargol will get rid of the gonococcus, while the calomel ointment is for the destruction of the spirocheta pallida.

The calomel ointment is rubbed for seven minutes but care is taken not to let any portion of it go into the urethra. In addition to this, he is told to take a little piece of calomel ointment and put in the meatus and leave it there.

The patient must urinate before the prophylactic treatment is given. This has two purposes : (1) If there is infection in the urethra, you promote mechanical cleansing of that part and (2) the man will not urinate after the treatment because the solution must remain in the urethra. This prophylactic treatment is usually given 3 hours after exposure to the disease.

You may find many different treatments put in the market for prophylactic measure and has many times failed to work.

(Comment—When this method was started, they called for a group of volunteers in the army to have sexual intercourse with known infected prostitutes and the men promised to have all the instructions done. After this has been performed, the method of prophylaxis was used and no man developed venereal disease. Another group was taken to do the same thing, but two out of the group did not take the prophylactic treatment after exposure to the disease and consequently those two developed the disease while the rest did not.)

(Comment—In San Antonio Texas, for the first time, the prophylactic station was established, every day thousands were given prophylactic

treatment, most of them receiving several injections. Upon going with the records, it was found out that almost all the men given treatment, were government employees—three thousand policemen and four thousand army men. As to the reason for the popularity of the disease among them, I do not know.)

The protargol has direct action upon the causative agent. In examining the discharges, we take smears and make the routine examination. If it shows negative result, still we are not satisfied, until three successive smears are made with negative results.

THE CAUSES OF BACKACHE

By Dr. J. Douglas Thompson

I have received so many letters of late asking me to explain the causes of Backache, that I really think it is one of the timely topics that should be discussed at regular intervals. The most common form of a pain or ache in the region of the back usually comes from the lower part of the back and this is mostly found in women of all ages ; who constantly or occasionally complain of pains or aches in the lower part of the back. The most common cause of this peculiar backache among women is due to misplacements of the female organs, which gives rise to an extra strain on the muscles of the lower part of the back ; this eventually affecting the entire back and very often giving rise to what is otherwise known as Lumbago.

Besides the backache which I have been telling you about, there is still other backaches that are due to other causes. One type of backache which is usually felt about the middle portion of the back is due to a stone in one or both kidneys. Still another type of backache about the region of the shoulders is due to Gall-bladder stones and still another backache which is mostly general is due to such occupations as : store clerks, policemen and those who are required to stand for long hours in one position.

Faulty posture especially among school children, usually gives rise to chronic backache sometime later in life and this is very often impossible to overcome, due to the length of time that it has existed. However, if you are suffering from any form of backache, start to-day toward finding out the cause of that particular pain or ache by first of all going to see your Drugless Physician and having a thorough physical examination, then after this has been completed start toward your health again by adopting a general body building regime in order to make your cure permanent. Of course much temporary relief can be secured through the placing of a hot water bag or an electric pad under the part which is nearest to the pain ; or in fact hot compresses, which can be accomplished

through the use of placing a large bath towel in a moderate quantity of hot water, then wringing out tightly and making fifteen to twenty-five applications over the afflicted part will bring about a good measure of temporary relief, but to completely overcome this trouble, you must find the cause and correct it completely. The occasional use of a warm internal bath of castile soapsuds very often brings immediate relief to the one afflicted.

Medical News & Notes

—:o:—

SPECIALISTS IN THE SUBURBS

Would Never Make a Living.

FROM A MEDICAL CORRESPONDENT.

The advice of the British Medical Association to patients not to fly to specialists on the least provocation will focus public attention on that to some—fearsome body of men who mostly live in Harley-street or its immediate vicinity.

I do not propose to discuss what specialists are professionally, or what they have to do to attain their particular position in the various branches of the medical profession. What about their human side and the side the public never sees and can only feebly surmise?

Why, for instance, do they all seem to live in Harley-street? Why are they not scattered about in the suburbs where they might be more easily got at—on the spot, as it were?

The answer is *public opinion*.

The specialist in the suburbs would not make a living. His reputation would be purely local. He would be a kind of glorified general practitioner.

“IS HE HARLEY-STREET?”

No one would consult a specialist who lived in Balham. Give the same man a Harley-street address and at once, in the eyes of the public, he *is* a specialist. In these days this by no means follows, but to the public it does.

How often do I hear the question, “Is he a Harley-street man?” and how often have I observed the disappointment, unexpressed but plainly shown, when the answer has had to be “No!”

THE TYPE THAT FEARS.

There are two types of people who visit specialists. One type flits from one to the other, and seems to enjoy it. The other fears him, fears what he might say, and, more deadly fear still, what he does *not* say.

If people only knew, their fears would evaporate immediately. The specialist, to be successful, must not only know his work, but he must know how to handle people, gain their confidence in the space of one brief interview, and form and deliver his opinion in the same brief period. A big effort.

Moreover, as a family doctor, I find him genuinely sympathetic, quite apart from the sympathy which he is expected to express.

CANCER RESEARCH EXPERT DIES.

Finger-prick Theory.

The death of Dr. H. J. B. Fry, at the age of 44, has caused great sorrow at the research department of the Cancer Hospital, in Fulham-road, S. W., where he was the pathologist.

A medical colleague said that some people endeared themselves to all they met. Dr. Fry was not of these. A tremendous worker of great character and personality, he astonished his colleagues by his energy.

When he did get a short rest from his research works, his committee meetings, his duties as a magistrate or in municipal life, he would plunge with just as much energy into strenuous games of football or hockey.

He was an athlete at Oxford and came of an athletic family. His brother was a cricket Blue, and he was a cousin of Mr. C. B. Fry.

The cause of his death is not definitely known, although it was not from cancer. The facts were reported to the coroner, who was to hold an inquest. The suggestion has been made that a pricked finger at a post-mortem examination may have had something to do with it.

NERVE "CURES" CAUSED BY SHOCK.

In a previous article I endeavoured to explain some of the things we know about the working of the brain and to indicate those mysteries which it still holds secret.

I pointed out that the brain is responsible for every movement of the body and for the recording of sensation of every kind.

To carry out these duties the brain must be in communication with every part of the body, and this is brought about by means of the nerves.

The nerves themselves do not direct movement or feel pain or record sensations. They are simply the means by which the commands of the brain are carried out and by which sensations are communicated to it. There are separate sets for each duty.

Pain Telegraphed :

For example, if you burn your finger the pain is carried to the brain by one set of nerves, and the quick withdrawal of the finger from the cause of its discomfort is caused by a message sent from the brain down another set. The action is so rapid that there is hardly any appreciable lapse of time between the injury and the withdrawal.

If the lines of communication are severed, there is immediate loss of movement or sensation, or both in the part served by those lines.

Modern surgery often steps in to re-establish these broken lines.

If a nerve has been cut by accident, and provided that the interval between the severance and the repair is not too long, excellent results are obtained by stitching the severed ends of the nerves together. They join up, and once more communication is established, and movement and sensation return to previously paralysed parts or those in which sensation has been lost.

It is here that I can best explain something which is so difficult for laymen to understand. It is the difference between what is known as functional and organic disorders of the nervous system.

Suppose that one has a case of loss of movement in one hand. On investigation no disease of the brain can be discovered, and it is known that the lines of communication are intact. That condition is a functional one. On the other hand, if there is disease or through some means the lines of communication have been severed, then that is called an organic condition.

"Miracle" Cures.

It is owing to the failure of the public to differentiate between these two conditions that so much misunderstanding at times arises, especially in relation to "miracle" cures. No amount of faith is going to join together the widely-separated ends of a severed nerve, but a shock might easily, and often does, start working a nervous system which is intact but lacks the mental stimulus for its use. One is an organic, the other a functional condition.

THE HOME PAGE DOCTOR.

DOCTORS ATTACK HIGH HEELS AGAIN.**Vanity and Fashion.****VENUS WOULD HAVE WORN IDEAL SHOE.**

Doctors, who have often criticised the high heels of women's shoes, returned to the attack to-day.

Arising out of the replies of 200 medical officers of health to a questionnaire on footwear, a report on the materials used in the

manufacture of boots and shoes was presented at the annual conference of the Federation of Boot Trades' Associations at Hastings to-day.

Many of the doctors condemned the present-day shape of footwear in general, and criticised women's vanity in wearing unsuitable shoes simply because they were fashionable. One declared :—

"I think the ineradicable habit of women wearing high heels is entirely bad, and leads to more foot trouble than all causes put together "

"FOOLISH WOMEN."

Tight-fitting shoes with pointed toes and high heels, or thin-soled shoes were blamed for many nervous disorders, and another doctor suggested that "models or casts of feet from Greek statues, such as the Venus de Milo, giving size and shape, would encourage less foolish women to buy shoes of correct shape and size."

These were other main points from the replies :—

Boot and shoe makers should scrap present-day "lasts" in order to do away with shoes of unnatural shape and pointed toes. Ultra-high heels should go.

Thin, paper-like soles should be barred except for fine weather wear.

The perfect boot or shoe is one which has a good quality leather sole of fair thickness, a leather upper, and is made so that it allows of proper support for the arch of the foot, while permitting free movements of the toes.

Such a shoe would be responsible for lessening the ill-effects on national health of rheumatism, chest troubles, heart disease, common colds, foot deformities, and flat feet.

HIGH HEELED SHOES CONDEMNED

Women's Modes That Lead to ill Health

SHODDY LEATHER

TRADE SUPPORT FOR DOCTORS' OUTSPOKEN OPINIONS.

Replies of 200 medical officers of health to a questionnaire on footwear throw a striking light on the attitude of the medical profession to the materials used in the manufacture of boots and shoes.

A report on the questionnaire was presented at yesterday's session of the annual conference of the Federation of Boot Trades' Associations at Hastings.

Mr. John Hoyle, the general secretary, in analysing the results of the questionnaire, said that, in the view of the members of the Federation, it was highly important that the public should know the conditions that governed health in footwear, and the Federation was

particularly anxious to develop the industry along lines consistent with medical experience.

RUBBER-SOLED SHOES

Some remarkable facts, he said, were disclosed by an analysis of the replies. The main points were :—

Gym shoes, Wellingtons and rubber-soled shoes serve a useful purpose on their appropriate occasions, but must not be worn for longer periods than is absolutely necessary. Constant wearing of these causes damp feet with their attendant ills.

Boot and shoe makers should scrap present-day lasts in order to do away with shoes of unnatural shape and pointed toes. Ultra-high heels should go.

Thin, paper-like soles should be barred, except for fine weather wear.

The perfect boot or shoe is one which has a good quality leather sole of fair thickness, a leather upper, and is made so that it allows of proper support for the arch of the foot, while permitting free movements of the toes.

Such a shoe, according to almost 90 per cent. of the medical men who had replied, would be responsible for lessening the ill-effects on national health of rheumatism, chest troubles, heart disease, common colds, foot deformities, fallen arches and flat feet. "Shoddy leather," said Mr. Hoyle, "is roundly condemned."

HOW ILLNESSES BEGIN

The public would be surprised and even startled to learn, continued Mr. Hoyle, of the illnesses and diseases which doctors had specified as being traceable, either directly or indirectly, to the wearing of materials which did not permit of the proper ventilation of the feet, and, consequently, created damp and clammy conditions.

Doctors condemned the present-day shape of footwear in general, and indulged in tilts against women's vanity in wearing unsuitable shoes simply because they were fashionable. One doctor advocated a legal standard of leather.

DOCTOR'S DYING THOUGHT FOR PATIENT.

While completing an operation in a hospital here recently, Dr. T. H. Williams, turned suddenly to Dr. R. M. Coston and gasped :

"Doctor ! Take care of my patient !"

Then he dropped dead. Dr. Coston completed the operation,—

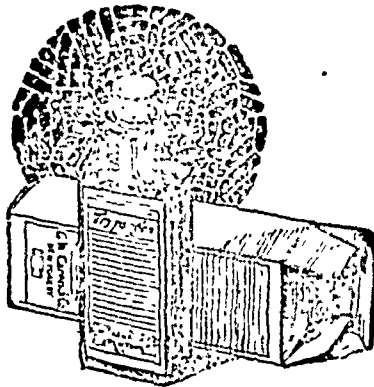
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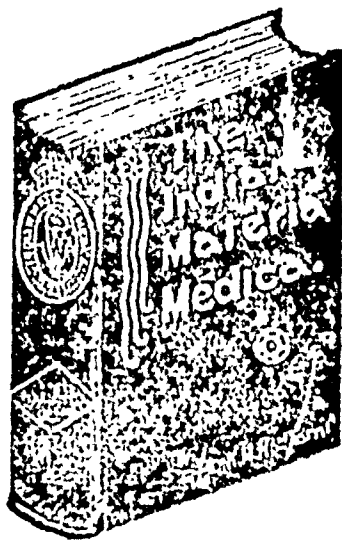
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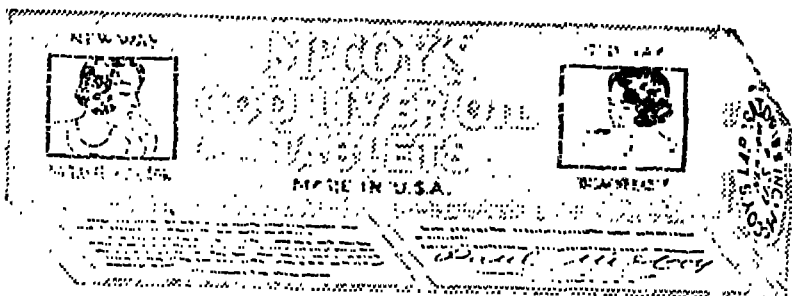
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Sleep for the Sleepless

Those to whom sleep will not come of itself must try to coax it.

Herein lies danger, warns a German physician, Dr. G. Zanker, writing on "Artificial Sleep" in the *Illustrated Zeitung* (Leipzig).

The day may come, he thinks, when insomnia will be conquered by drugless methods—by simple manipulations, or electric treatment.

He even mentions the theory of a Swedish specialist that sleep may be induced by a flow of hidden energy from doctor to patient, which he thinks some recent tests make probable, although it does not yet form part of orthodox therapeutics, says Dr. Zanker :

An old German proverb says : 'One hour of sleep is better than a slice of honey.'

"Of course, healthy sleep is a precious boon, appreciated best by those who have lost it.

"Insomnia has over and over again led to suicide.

"It is equally exhausting, whether it is found upon purely physical causes, or those of a nervous nature, or is due to mental suffering. Hence it has always been the task of medical science to meet it with adequate measures, and substitute artificial sleep for those lacking natural one, whenever it is impossible to induce it in the normal way.

"Of course, the necessity for sleep itself is distinctly dependent upon the manner of living, the constitution, and the temperament of the individual, especially upon his age. Its curve glides steadily from birth down to old age, in which frequently only a few hours of relaxation suffice."

CAUSES FOR INSOMNIA.

Since there are many causes for insomnia, its cure also calls for the most diversified forms of treatment, and frequently it requires the greatest medical skill to find the right one, the one that would do justice to the chief principle of all our actions : *Non nocere* "Do not inflict injury." The doctor continues :

"We all know how much evil has resulted from the misuse of soporific and anodyne drugs (I name only morphin, heroin, veronal and paraldehyde).

"And perhaps it is the task of the future to conquer insomnia through simple physical means, such as hydriatric applications and electricity, or better still, through mental treatment (psychic therapy), so that we may free ourselves from the chemical straitjacket. I have repeatedly had occasion to see how chronic insomnia, against which all medicine was helpless, yielded. The sleep thus obtained is usually much more refreshing and free from unpleasant collateral effects.

"In the future the psychic influence of suggestion and hypnotism will probably be valued most highly. However, we must never mistake the latter after its 'rediscoverer,' the physician Mesmer.

"Dr. Alrutz, of Upsala, the Scandinavian scientist, much too prematurely deceased, claimed to have proved through 'unwitting experiments—in which, owing to a subtle technique, every possibility of suggestive thought-transference between him and the person upon whom he experimented, a highly educated German lady, was out of the question—the existence of fluid emanating from human beings, perhaps the same as the 'od' of Reichenbach. This fluid is transferable to others ; it has the effect of alleviating pain and inducing sleep, in any case, always a beneficial one. The sound somnambulistic sleep, the trances and other related artificial forms of sleep also arise under its influence.

"Officially, medical science still faces this statement skeptically, although the famous surgeon, Professor von Nussbaum, of Munich, has declared under oath that he is convinced of this force.

"However, what to-day research considers unaccountable, may to-morrow, through newly gained knowledge, be a legitimate process.

ADEQUATE SLEEP.

For a child to develop sturdily and to be mentally fit to make his way in life, sufficient sleep of the best quality is essential, says Dr. W. Arbuthnot Lane, in the London Daily Mail (Continental edition). To-day, he asserts, there are far too many children growing up into men and women of poor physique and stunted intelligence simply through lack of proper sleep.

Clearly, the responsibility for insuring that children get adequate sleep rests with parents, who should be fully acquainted with the actual number of hours required according to age. Says Dr. Lane :

"Babies, of course, should do little else than sleep and eat ; very young children, up to the age of six, should have at least fourteen hours of sleep. Older children, up to the age of twelve years, should have twelve hours, and above that age ten hours each night is sufficient.

"The time for going to bed is also important. Young children should be in bed by six in the evening, and by the time the child is eight the hour for bed should not be later than eight o'clock. Subsequently, a quarter of an hour should be allowed for every successive birthday, so that by the time the child is fourteen the time for bed will be nine-thirty. Parents should be rigorous in adhering to such a scale, and insist upon the proper bed-time.

"Every precaution should be taken to insure that the children's sleep will be sound and restful. Parents should show consideration and endeavour to prevent any unnecessary noise.

The bedroom must never be stuffy, nor the bed so cold that the child can not relax comfortably. Provided there are sufficient warm coverings, the windows should be open. Children should never be allowed to sleep with their heads covered by bedclothes or with their heads buried in pillows."

Original Articles

NAMES OF FOUR PLANTS USED IN SNAKE BITE

BY

DR. EKENDRA NATH GHOSH, M. Sc., M. D.

Professor of Zoology, Calcutta Medical College.

Specimens of four shrubby plants were brought to me by some gentleman which are used by the hill-tribes of the Himalayas as cure for snake-bite.

I. *Viola patrinii* D. C.

II. *Sida rhombifolia* Linn. It is called *Lal Berela* in Bengali and *Ativala* in Sanskrit.

III. *Hypoxis aurea* Lour.

These plants are made into a paste and applied to the puncture.

IV. *Gerbera macrophylla* Berth.

The plant is to be boiled down to the colour of tea and to be drunk. The actual quantity of the drug to be used was not given to me.

STAMMERERS CURED

Two "Hopeless Cases" who Won Elocution Prizes
After L. C. C. Tuition

The London County Council is prepared to open, in September, more evening classes for stammerers if there is sufficient demand.

Such classes have been held at the Hugh Myddleton Evening Institute, Clerkenwell

One man, who threatened suicide because he stammered so badly, has been completely cured and has obtained good employment; while two young men who had been considered hopeless stammerers won prizes for elocution.

TRIDOSH THEORY OF AYURVEDA

BY

B. V. DEGWEKER M.A., M.Sc., LL.D.

JUBBULPUR.

(Continued from our last issue).

That this gastric juice is mostly watery and therefore helps to moisten or liquify the food (क्लेदन) is proved by the fact that—

“The effect of the sham feeding was a reflex and abundant flow of gastric juice, which commenced five minutes after (अन्नस्य मुक्तमावस्य) the beginning of the meal. *If water, milk or soup was given instead of meat, no such secretion occurred.*” This clearly shows that, since in the case of water, milk or soup the amount taken is already liquid (क्लेदित) there is no necessity of Kledan, and hence no Kledak kapha is secreted.

What more proofs are needed to establish that the gastric juice is the Kledak kapha? It is evident from the above comparative statements that the words उदीरयति, उदीर्यते, ईरयेत् etc. have been used with thorough significance by the authors, meaning thereby that the particular substance is naturally secreted in that particular place, as soon as the food is taken in (मुक्तमावस्य). This leads one to infer rightly that the Rishis must have observed the phenomenon by actual experiments on living beings. Charakacharya has thus rightly instructed that :

शरीरसंस्थां यो वेद सर्वावयवज्ञो भिषक् । तदज्ञाननिमित्तेन संमोहेन न युज्यते ।

अमृतो मोहमूलैश्च न दीर्घैरभिमृश्यते । निर्दीर्घो निस्पृहः शांतः प्रशान्त्युपनर्भवः ।

As stated above, the process of the moistening of the food starts profusely in the stomach, but it begins from the time the food is taken in the mouth.” The saliva is the first digestive juice to come into contact with the food.” Here it should be remembered that all the juices and secretions that are obtained in the alimentary canal help digestion in one way or the other; and therefore they are called digestive juices. Even Kledana i.e. dilution helps digestion and so they may all be called digestive in this wide sense.

“The saliva is transparent, slightly opalescent, of slimy consistency, and may contain lumps of pure mucin. On standing,

it becomes cloudy owing to the precipitate of calcium carbonate, the carbonic acid which held it in solution as bicarbonate escaping. 'The gastric juice is clear and colorless. It has a specific gravity of 1003 to 1006. It contains. 2 p.c. of Hydrochloric acid. When the juice remains in the stomach, this is in part neutralised by the food and saliva, and also by pancreatic juice which enters the stomach from the duodenum'. Thus the mixture of saliva and gastric juice is what we call Kledak Kapha.

Does not the above description tally exactly with—

स्निग्धः शीतो गुरुर्मदः श्लक्ष्णो मृत्स्रः स्थिरः कफः ।

"The action of saliva is twofold, physical and chemical. (1) The physical use of saliva consists in moistening the mucus membrane of the mouth, assisting the solution of soluble substances in the food, *and in virtue of its mucin, lubricating of the bolus of food to facilitate swallowing.* (2) The chemical action of saliva is due to its chemical principle ptyaline."

It is, thus, evident that from the time the food is taken in until it has reached the stomach and begins to enter the duodenum, the physical process of moistening (क्लृप्तेन) goes on, which is most abundant in the stomach due to the secretion of gastric juice therein. Hence the principal Kapha secretion, which, according to the Ayurvedists, is obtained in the Urdhwa part of the Mahasrota, helps the digestion of food by being mixed up with it uniformly, and by thus diluting the food it facilitates the action of strong acids which mix with it further on in the duodenum.

PITTA SECRETION.

Having thus passed out of the Amashaya, the food then, reaches the Pakw-amashaya-madhya (duodenum). Here it is in the पच्यमान stage, because the gastric juice therein, although it contains more of water, does still contain a small quantity of Hcl. This causes the digestion to start, and as there is acidity (Amlatwa) in it due to the existence of Hcl, the food, which was Madhura so far becomes slightly Amla.

Now, in the duodenum, this food comes in contact with another liquid called पाचकपित्त by Ayurvedists, and this liquid also, like the gastric juice flows spontaneously in the duodenum as soon as the food reaches that place. Charakacharya, therefore, says

परंतु पच्यमानस्य विदग्धस्यान्नाभावतः । आशयाच्चपचमानस्य पित्तमक्षुदीर्यते ।

Here again the use of the word Udiryate clearly shows that this liquid also is a secretion, which mixes with the food, while it comes down from the stomach (अग्न्याश्रयमानस्य). The nature of this Pitta has been very elegantly described by Vagbhat in both of his works thus :—

पित्तं पंचात्मकं तत्र पक्वमाश्रयमध्यगं । पंचभूतात्मकत्वेऽपि यत्तैजसगुणोदयान् ।
 त्यक्तद्रवत्वं पाकादिकर्मणाऽनलशब्दितं । पचत्यन्नं विभजते सारकिट्टी पृथक्कथा ।
 तत्रस्थमेव श्रेयाणां पित्तानामप्यनुग्रहः । करोति बलदानेन पाचकं नाम तत्समृत् ।

or as in Vaidha-Vagbhat

तत्र यदापक्वमाश्रयमध्यस्थं पंचमहाभूतात्मकत्वेऽपि तैजोगुणोत्कर्षात्चपितसौमगुणं तत्रत्य
 त्यक्तद्रवस्वभावं सहकारिकारणैर्वायुर्कटादिभिरनुग्रहादृदहनपचनादिक्रियया लब्धाग्निशब्दं पित्तमन्नं
 पचति सारकिट्टी विभजति, श्रेयाणि च पित्तस्यानानि तत्रस्थमेषानुगृह्णाति तत्पाचकमित्युच्यते ।

Let us now consider the nature of this Pitta as described above

(1) First of all it is Panchatmak i.e. Pancha-mahabhutatmak, in other words it is also a substance, matter or 'Dravya', an existing entity like so many other Rasaraktadi substances in the body, and not merely a Shakti or Sukshma Pitta as some of the famous writers on the subject have said.

(2) Secondly, the place where it is secreted is Pakw-amashaya-madhya i.e. the small portion of the alimentary canal joining the stomach and the intestines, which is in fact a part of the intestines themselves and is known as duodenum in the modern treatises on anatomy.

(3) Thirdly, it is liquid, Drava; but owing to the predominance (उदय or उत्कर्ष) in it of the तैजसगुण i.e. the heat producing element, the effect, which it would produce on any substance on account of its liquidity or excess of water (सौमगुण) is suppressed (चपित) and thus it loses its द्रवस्वभाव. We can understand the nature of this Pitta with reference to a semidiluted acid like Hcl or Sulphuric. If we take a few drops of water, and pour them on a metallic plate or a lump of sugar candy, it will have practically no effect on the plate, and would simply dissolve the piece of sugar-candy turning it into a liquid solution of sugar. Here the water is a liquid (द्रव), and as it has not given up its (द्रवस्वभाव), it combines with the sugarcandy, and dissolves it still maintaining its द्रवस्वभाव. Now supposing that we mix with that water a small quantity say 1/50th part of strong Hcl, even then the mixture maintains its liquid appearance (द्रवत्वं), but its (स्वभाव)

character is changed. It no longer has no action on the metallic plate ; but on the contrary, acts chemically on it, at once converting a part of it into some salt, and thus dissolving or digesting that part of it.

So also this acid mixture no longer simply dissolves the sugar-candy, but chars and burns each and every particle of the candy which comes into contact with it, and thus by chemical action reduces it to charcoal. Thus the mixture, though still maintaining liquid appearance, has abandoned its liquid character (यत्कद्रवस्वभाव) because of the suppression of the simple solubility of water (क्षपितसमीगुण) owing to the increase of heat producing element in it (तेजोगुणोत्कर्षात्) and this change in the state of water is due to the addition of acid in it.

(4) Fourthly, this Pachak Pitta is termed Agni simply from analogy. Just as a mixture of rice and water put in a vessel on fire would reduce the rice to a cooked and assimilable food for the human system, so also this Pitta, when it gets mixed with the food that comes down from the stomach, digests it and reduces it to assimilable chyle (रसघातु) which in its turn changes itself into blood, and thus nourishes the whole human system. Charak, therefore, says :—

एवं रसमलायान्नमाशयस्थमधःस्थितः । पचत्यग्निर्धयास्थाल्यामोदनायां वृतं डुलम् ।

But it is not this Pitta alone which does the whole work of digestion.

(a) First of all, as stated above, the gastric juice which mixes up with the food in the stomach does the work of liquifying the food (क्लृप्तन) and this process is also an additional helping factor (सहकारिकारण) in digestion.

(b) Then, secondly, when the food goes further in the intestines, the process of absorption of chyle through lacteals starts there, and as a result of this, gases are produced, the most abundant among them being Carbon dioxide. This gas, as will be shown later, is readily absorbed by the nerves, which in their turn are stimulated due to this absorption. This stimulation then increases the quantity of Pitta secreted. In this way this Vayu or gas becomes a helping hand (सहकारिकारण) for digestion. Wagbhat therefore says :—

सहकारिकारणैर्वायुवलेदादिभिरनुग्रहाद्दहनपचनादि क्रियया सञ्जाग्निश्च ।

It is thus that this Pachak Pitta digests the food (पचत्यन्नं) converts it into a mixture of two substances, one of them being

the essential part (Sara) which is chyle, and the other the waste product (Kitta). Thus this Pitta is said to विभजने सारकट्टौ पृथक्त्वा ।

(5) Fifthly and lastly, as this Pachak Pitta mixes with the food and is absorbed along with the chyle, and residual secretion which remains in addition to what has been already used up in the process passes on to the blood, and thereby nourishes all other Pitta secretions in the body. जेषानां पित्तानां बलदानेननुग्रहं करोति । This is just similar to the nourishment of the different Kapha secretions by means of the Kledak Kapha of the stomach.

That the duodenum is the place where Pachak Pitta is secreted, that this is the main spring for all other secretions of the Pitta class of the body is also proved by the following statement in Charak.

विरचनं तु सर्वोपक्रमेभ्यः पित्ते प्रधानतमं मन्यते विभजः । तद्धि आदित्वासाशयमनुप्रविश्य केवलं वैकारिकं पित्तमूलं चाप्रकर्षति । तत्रापजिते पित्तेऽपि शरीरांतर्गताः पित्तविकाराः प्रशान्तिमापद्यन्ते यथाऽग्नौव्यपोदे केवलमग्निगम्य शीतो भवति तद्वत् ।

Amongst the remedies prescribed for treating the abnormal increase in Pitta secretion, the best one is a purgative, because as soon as it reaches the duodenum, it removes the excessive Pitta substance itself. This Pitta is said to be (the Mula) the root cause, because as stated above, it nourishes all other Pitta secretions in the body. As the root cause is thus removed, all other diseases in any part of the body caused on account of abnormal Pitta secretions disappear, just as if you extinguish the fire, a whole house which is in flames becomes at once cold.

From the above discussion, it is evident that according to Ayurvedists Pitta is an actual substance, which flows spontaneously into the duodenum when the food reaches there. Let us now see what this substance is according to modern Physiology.

Physiology tells us that there are two glands, liver and pancreas, the former 'situated in the abdomen on the right side, is the largest gland in the body,' while the latter is situated in the back. Both these glands produce secretions, that of the liver being known as bile, while that of the pancreas as pancreatic juice. "Bile is the secretion of the liver which is poured into the duodenum. It is being continuously poured into the intestine, but there is an increased discharge immediately on the arrival of food in the duodenum (उद्दीर्घ्यते). There is a second increase in the secretion a few hours later after the arrival of semi-digested food (chyme) in the intestines. This increase appears to be due

to the effect of the digestive products carried by the blood to the liver stimulating the hepatic cells to activity. This is supported by the fact that protied food increases the quantity of bile secreted whereas fatty food which is absorbed not by the portal vein but by the lacteals has no such effect." This proves the general theorem that सर्वदा सर्वभावानां द्विज्ज्ञानं कारणं । "Bile has little or no action by itself, but combined with pancreatic juice, it assists the latter in all its activities. This is true for the digestion of starch and of protein, but markedly so for the digestion of fat. Some state that bile has a slight action on fats and carbohydrates ; but it appears to be rather a co-adjutor to the pancreatic juice especially in the digestion of fat than to have any independent digestive activity."

These statements clearly show that the secretions of bile and pancreatic juice together are responsible for digestion, and this combined juice which is poured in the duodenum is therefore Pachakpitta. Halliburton says :—"Bile is a yellowish, reddish-brown or green fluid, according to the relative preponderance of its two chief pigments. It has a musk-like odour, a bitter sweet taste, and a neutral or faintly alkaline reaction." If we compare this description with जीपतेचयंलाघवंमनसिहोवर्णशुक्लारुणवर्जो-
चक्षुर्विखोरसोचकटुकास्त्रोपिचक्षुराणि we find that here the color of the Pitta has been described as other than white (Shukla), and red (Aruna), and Halliburton tells us that the color of bile is yellow, reddish brown or green which is exactly what Charak says ; its taste is bitter sweet, so also here कटुकास्त्रो ; the odour is musk like विस्त्र ; like that of a dead rat. All this clearly shows that the two descriptions agree in every respect. It has to be remembered that the Rishis have attempted at their description some 3000 years ago, and therefore some slight discrepancies are likely to occur but one has to make allowance for them.

In this connection I would like to state one important fact which agrees with the Ayurvedic tenets viz. that each secretion that gets mixed with the food causes nearly a similar secretion to be produced as the digestive process goes on further.

Halliburton says :—"The importance of the work of Parlow... arises from the entirely new light thrown upon the digestive process as a whole. We have been too apt to think of the occurrence in the alimentary canal as a series of isolated phenomenon. We now see that each step follows in an orderly manner

as the result of previous steps. For example, the acid gastric juice reaches the intestines and there produces secretin from its forerunners, the secretin is taken by the blood stream to the pancreas, where it excites a flow of the pancreatic juice, the juice arrives in the duodenum ready to act on starchy substances and fat. With the assistance of the bile, fatty acid is liberated which in its turn forms more secretin and so in turn more pancreatic juice."

Charakacharya has, therefore, clearly stated that :—

परस्परौपसंस्तभा धातुस्नेहपरंपरा । संतत्याभोज्यधातूनां परिव्रतिस्तु चक्रवत् ।

Having thus proved that what is called Pachakpitta in Ayurveda is nothing else but the combination of bile and pancreatic juice secretions we now proceed further down the alimentary canal towards the intestines and study the nature of the third Dosha Wata.

Wata substance.

The food which is so far mixed with saliva and gastric juice, and then with the bile and pancreatic juice, now reaches the intestines. "The small intestine, with its folds and villi to increase its surface is the great place for absorption. The superficial area of the small intestine, if it were flat, is about 1.5 square meters. This by the presense of the villi is increased to about 42 square meters. Absorption begins in the duodenum, and the products of digestion have largely disappeared by the time the intestinal contents have reached the commencement of the large intestines."

"The increase of surface in the intestines is meant to allow the digested food to remain in contact with their inner surface for a pretty long time, so that the chyle (Rasadhatu), which is to be separated and absorbed by means of the "blood vessels and lymphatic vessels and lacteals" may be completely extracted from it. The Rasadhatu being a somewhat thick liquid substance, the original semi-liquid form of the digested food is changed here, and the mass goes on becoming more and more solid as it proceeds along the average 22 feet length of the intestine. The process of absorption has been metaphorically said to be due to Agni by Ayurvedists. Just as a wet cloth gets dry in sunshine, because the sun's rays absorb the water in the cloth, so also here the process of absorption of chyle is said to be due to Pitta or Agni. The separation of the Sara and Kitta i.e. the essential and non-essential viz. chyle and excreta, is stated to be due to Pachakpitta above.

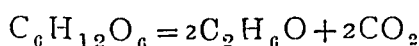
पचत्यन्नं विभजते सारकिट्टौ पृथक्त्वा ।

Thus as the food reaches the intestines, and as the chyle is absorbed there, a third substance termed as *Wayu*, which is the product of a chemical action between the digestive juices and the food is produced there.

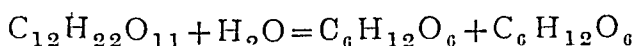
पक्वाण्यं तु प्राप्तस्य शोष्यमाणस्य बन्धिना । परिपिंडितपक्वस्य वायुः स्यात्किट्टुमावतः ।

Before I proceed further, it is advisable to find out and discuss the chemical actions which the digestive juices along with the bacteria in the intestines produce on the food eaten. Halliburton says :—

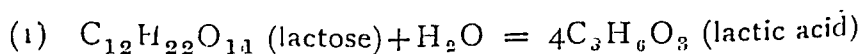
“The carbo-hydrate are found chiefly in vegetable tissues and many of them form important foods. The most important of these are starch, glucose and lactose or milk-sugar. Maltose is the chief sugar formed from the starch by the diastase enzymes contained in the *saliva and pancreatic juice*. This starch is widely diffused through the vegetable kingdom. By means of the inverting enzymes such as occur in the *intestinal juice*, maltose is converted into Glucose. An important property of glucose is that under the influence of yeast, it is converted into ethyl alcohol and carbonic acid.



Glucose is found in many fruits, honey and in minute quantities in the blood and numerous tissues, organs and fluids of the body. Lactose or milk-sugar occurs in milk. By means of inverting enzymes such as occurring in the intestinal juice, it takes up water, and splits into equal parts of glucose and fructose.



The most frequent fermentation which the bacteria in the intestines set up on carbo-hydrates, is the lactic acid fermentation. This may go on further and result in the formation of carbonic acid, hydrogen and butyric acid. The two stages of the lactic acid fermentation are as follows :—



(To be continued.)

FEVER IN AYURVEDA

BY

ASHUTOSH ROY, L. M. S.

Hazaribagh.

—:o:—

(Continued from our last issue.)

(11) *Cooling application to relieve burning of skin and other parts of the body*

Dahaharajoga (relieves burning)

The patient is laid on his back and a small pot full of cold water is put on his umbilicus. This cools the solar plexus (*surjya mandal*), the great Pitta-producing centre of the body and relieves burning and Pitta.

A piece of cloth soaked in "Kanji" (fermented rice water) is applied over the part of the body which has a burning sensation.

Palaspatradi-prolepa

Palas leaf (leaf of *Butea frondosa*)

Nim leaf or Plum leaf

arccanut paste

The above are pasted with "Kanji" (fermented rice water) and applied to relieve burning of the skin.

For *cooling of the head*, indicated says Sushrut when the Eyes are red, when the head is moved to and fro with delirium due to "Pitta" excitation.

Bidaryadi-prolepa

Bhui-kumra (*Ipomœa Digitata*)

Pomegranate bark

Lodhra (*Symplocos racemosa*)

Wood apple

Citrus acida

The above is pasted in cold water and applied to the head.

Dhatrī-prolepa

Amla (*Embelic myrobalum*)—fried, pasted in "Kanji" and applied on the head.

Kalayadi-prolepa

Wood of Kalika

Red Sandal wood

Hemidesmis

Liquorice

Inside of Seed of plum

The above are pasted in "Kanji" to which is mixed "ghee" (clarified butter), washed a hundred times in water (very cooling), and applied to the head.

(12) Abaleha and Kabal to check Pitta

Chebulic myrobalum (Haritaki) pasted with honey is applied as "abaleha" (licking slowly by the tongue) in ulcer of mouth, lip, tongue and adjacent parts caused by Pitta. C. myrobalum with catechu or alone is good in pyorrhoea also.

Paste of Raisins dried with Amloki (Embelic myrobalum) or Paste of seed of ripe pomegranate or paste of coriandar is to be used as "Kabal" (placed inside the mouth like a lozenge) is good in mouth troubles, the result of "Pitta".

(13) Food in Niram Stage of pitta fever

In "Pitta" fever with severe burning and thirst give Khai manda or Laja paya (Paddy fried mixed with water and strained, the fluid is given only).

In Niram stage, after fever is off, give soup of mug ka dal (phaseolus mungo), then rice with mug soup and sugar

Various Medicated rice gruel, barley gruel etc. are recommended in pitta fevers according to indications.

Thus if *due to excess of pitta there is diarrhœa* Cold lajapaya (khai manda) with honey and dried ginger or coriandar is to be given.

If *severe diarrhœa in Niram stage* give rice gruel with

Chakulia (Uraria Lagopodisdes)	} Astringent
Berela (Sida cordifolia)	

Bael (ægle marmelos)	} Carminative
Nilotpal (Nymphosa stellata)	
Coriandar	
Dried ginger	

Pomegranate juice to make the rice gruel little acid.

If *mucous stool in Niram stage* give rice gruel with

Mutha (cyperus Rotundus)

Katki (Picorrhiza kurrooa)

Indrajava (seed of *H. antidysentrica*)

Honey

If *constipation with pain in rectum* (vayu-pitta) give rice gruel medicated with

the 3 carminatives

Choi (Piper chava)

Pipul (Long Pepper)

Sunth (Dried ginger)

and two laxatives

Dried Raisins

and astringent

Amloki (Embelic myrobalum)

If perspiration is absent, sleep is disturbed and thirst is present due to deranged Pitta, give rice gruel medicated with

Dried ginger

Amloki (Embelic myrobalum)

Sugar.

NOTE—The use of Chireta in pitta fever.

In the shyma stage of pitta fever, to bring the Niram stage early, chireta, which corrects the Liver and is a mild febrifuge is given in combinations like

Duralavadi kwath

Triyomanadi kwath.

But the chief use of Chiretta or antifebrile "adjuvant" is found in many combinations mixed with other antifebrile drugs in "pitta fever" as follows :

- (1) With Khetpapra and Katki in Duralavadi Kwath
- (2) With Khetpapra and Gulancha in
Kiratadi-Kwath
Guduchyadi-Kwath
- (3) With Gulancha and aconite in
Bhunimbyadi-Kwath
- (4) With Khetpapra, Gulancha and Katki in
Mahadrakhyadi-Kwath.

(3) *Kapha-fever*—Bronchitis etc.

It appears that there are no specific antifebrile drugs to check "Kapha fever." The other febrifuges which we have already discussed under the headings of Vayu and Pitta fevers are used as febrifuges in "Kapha" fevers also *e.g.*

Khetpapa (oldendalia corymbosa)

Gulaneha (Tinospora cordifolia)

Nim (melia azadirachta)

Aeonite

Katki (Picorrhiza kurrooa)

According to indications (involvement of associated Vayu and Pitta).

We have already stated that in "Kapha" fever the "Vayu" is depressed. "Kapha" and "Pitta" are complementary while antagonistic to each other. The physiological congestion of any glandular structure induced by "Pitta" is relieved by secretion induced by "Kapha." When therefore "Kapha" is excited by the fever toxin, secretions are reduced and congestion is aggravated pathologically, in absence of secretion. All pathological congestions in any part of the body is the result of "Kapha" irritation. As soon as this irritation subsides secretions begin.

It may be reasonably asked why "Kapha" which helps secretion and excretion (thereby relieving physiological congestion), when pathologically irritated induces pathological congestion.

As soon as fever toxin primarily upsets "Kapha," the secretions and excretions stop. The Vayu which keeps up the equilibrium of Pitta and Kapha, to check excess of Kapha, stimulates only the pitta. This pitta irritation aggravates further the congestion of glandular organs.

The question may be asked how are we to distinguish congestion induced by primary irritation of Pitta with that induced by primary irritation of Kapha. Pitta patient is restless, excited, with high temperature and very quick pulse. Kapha patient is dull and depressed, quiet, with moderate temperature and slow pulse (not corresponding to the temperature). Typhoid should therefore be considered in the first week as Vayu-Kapha variety of Sannipat fever (Bata-Kapholyan Sannipat.)

Every case of fever passes through the various stages of Vayu, Pitta and Kapha, though one of the doshas may be primarily deranged inducing Vayu fever, Pitta fever or Kapha fever respectively presenting at the outset certain distinguishing symptoms. With the primary derangement of one dosh by the fever toxin, the other doshes are irritated or depressed as the case may be. If the doshic equilibrium is established, cure is rapid (as in simple short continued fevers). If the doshic equilibrium is not readily

established more complications arise and fever is more prolonged (complicated long continued fevers).

As "Kapha" irritation is associated with depression of the Nervous system and as there is no specific vegetable febrifuge to check Kapha fever germs and their toxins, Kapha variety of fever has longer duration than pitta or vayu variety.

The treatment of 'Kapha' fever by the old School was thus purely symptomatic. As 'Kapha' fever toxin often attacks the chest and induces inflammation of the various structures of the Lungs, in the Niram stage there may be scanty expectoration when expectorants like Vasak, Kantikari are given ; on the other hand when expectoration is profuse, mild emetics mechanically remove the excess of mucous as Nishinda (*Vitex Negundo*) or astringents to reduce the expectoration like Kakra Sringhi, Devdaru etc.

Another peculiarity of "Kapha" combinations are that they contain some bitter stomachic and carminative e.g. Trikatu (the three bitters Black Pepper, Long pepper and dried ginger). The Kapha fever toxin depresses the digestive apparatus and induces anorexia, nausea and vomiting. The deranged chyle in kapha fever takes longer time to be corrected by Nature. It may be noted that kapha fever patients as a rule bear fasting better.

We have already noted that in the Niram stage to re-establish the "doshic" equilibrium by correcting the deranged "Kapha" "Salpa-panchamul" decoction acts as specific.

Another point to note is that the Ayurvedists use more astringent to dry up the mucous and prevent its formation in the chest. True expectorants are not much used. As a result, the phlegm gets dry and cough of the dry hacking variety is induced when anti-spasmodics are given. Their idea seems to be that more expectoration means more waste which should be avoided. This line of treatment is no doubt rational in the inflammatory stage of Pneumonia and in Phthisis but not in Bronchitis.

All the Ayurvedic procedures in kapha diseases of the chest are heating e.g. drug and diet. Warm drinks are advised, no cold application to the head ; bitter, pungent and astringents are prescribed ; no soothing food like milk or sugar is advised.

ANALYSIS OF PRESCRIPTIONS IN KAPHA FEVER

GROUP (I, *Prescriptions containing Nishinda (vitex Negundo)* which is useful to relieve heaviness of head, pungent,

astrigent, bitter. It is thus useful in the Shyam stage of Kapha and Vayu-Kapha fever.

Sindhobar Kwath—Juice of leaves of "Nishinda" is given with Long pepper—pungent carminative.

Similar preparations are the juice of "Nishinda" mixed with "Trikatu" (3 pungent bitters—the two peppers and dried ginger), white mustard with fresh ginger juice.

(2) Prescriptions containing Gulancha and Khetpapa.

Basadi Kwath—It contains besides Gulancha and Khetpapa

Vasak (*Adhatoda vesica*)—Expectorant

Kantikari (*Solanum xanthocarpum*)—Expectorant,
diuretic, antispasmodic

It is an expectorant antifebrile mixture in Kapha fever like Bronchitis in the Niram Stage.

(3) Prescriptions containing Gulancha and katki

Triphaladi kwath—It contains besides Gulancha and katki the three myrobalams (*Triphala*)—Laxative

Boch (*Acorus calamus*)—carminative.

It is useful in kapha fever with constipation.

An allied prescription which contains the ingredients of the above combination plus

Vasak—expectorant

Palta (Leaf of *Tricosanthus Dioica*)—antibilious.

It is indicated as above.

(4) Prescriptions containing Gulancha and Nim

Ayurved believes that Gulancha and Nim when combined increases the efficacy of the former. The creeper Gulancha is made to climb on Nim tree and such Gulancha is more highly prized.

Nimbyadi-kwath—It contains besides Nim and Gulancha

Sathi (*curcuma zedoaria*)—antifebrile diuretic

Dried Ginger

Long Pepper

Gajapippali (*scindapses officinalis*)

Devadaru (*cedrus deodara*)

Brihati (*Solanum Indicum*)

Chireta—antibilious, antifebrile, bitter

Kur (*aplotaxis auriculata*)—stimulant, aromatic

NOTE—To the above are sometimes added

Kantikari (*Solanum xanthocarpum*)—diuretic, expectorant
in place of Brihati.

It removes the toxin of "Kapha" fever through the lung and kidneys.

(5) *Prescriptions containing Nim.*

Marichyadi-Kwath—It contains besides Nim

Ptychotis ajowan

Boeh (acorus calamus)

Lalchitra (Phembago Rosea)

Trikatu (the three bitters)

Kalajira (*Nigella sativa*)

Kur (*aplotaxis auriculata*)—aromatic, stimulant

Mutha (*cyprus Rotundus*)—Diaphoretic and diuretic

Haritoki (*C. myrobalum*)—Laxative

Jatamansi (*Nordostachys Jatamansi*)—antispasmodic

Katphal (*myrica sapida*)—astringent

Kantikari (*S. xanthocarpum*)—antispasmodic, expectorant

Kakra Sringi (*Rhus succidema*)—astringent.

It allays Kapha fever with heaviness of head, cough, anorexia, Nausea etc.

(6) *Prescriptions containing Aconite, Nim and Katki*

Pipplyadi Gan or Kanadigan—It contains besides the above

Chita (Root of *Plumbago zeylanica*)—astringent

Indrajab (seed of *Holarrhœna antidysentrica*)—astringent

Aknadi (*cissampelos Hexandra*)—diuretic, antispasmodic,
expectorant

Murba (*sausevieria zeylanica*)—Laxative

Assafœtida—antiseptic, Nerve sedative

and the following carminatives—

The three peppers, dried ginger, cardamon, Ptychotis

Remeka (*Piper aurantium*), caraway, white mustard,

Vidanga (*Embelia Ribes*)

Indicated in Kapha fever with mucous diarrhœa.

Katukadi Kwath—It contains besides Aconite, Nim and Katki

Halud (Turmeric)—antiseptic, carminative

Black pepper

Boeh (acorus calamus) } —carminative

Chitra (root of *P. zeylanica*)—stimulant

Kur (*aplotaxis auriculata*)—aromatic

Indrajav (seed of *Holarrhœna antidysentrica*)—astringent
 Leaves of Patole (*Tricosanthus Dioica*)—antibilious, laxative
 Murba (*sauseria zeylanica*)—Laxative.

Indicated in Kapha fever with diarrhoea and mucus

(7) *Symptomatic prescriptions*

- (a) Good in kapha—Pulv. pepper and honey licked with the tongue or Pulv. pepper, Triphala (myrobalams), ghee and honey
- (b) Expectorant and re-establishes doshic equilibrium in kapha and vayu kapha fever
 decoction of “dasamul” (the ten roots) with vasak and honey.
- (c) Laxative, Expectorant

Batsakadigan-kwath

Vasak—(*A. vesica*)—expectorant
 Nagar Mutha (*C. scarissus*)—Diaphoretic
 Dried ginger (Sunthi)—carminative
 Duralava (*A. maurorum*)—Laxative, expectorant.

- (d) Astringent and Sedative

Ptychotis ajowan
 Pepper
 Vasak
 Pappy capsule

- (e) Appetizer and Nervine sedative

Java kshar (Pot. Bicarb)
 Taba Nebu (citrus acida)
 Long Pepper and dried ginger—carminative
 Brahmi (*Herpestis monniera*)—Nervine sedative

- (f) Laxative

Triphala (3 myrobalams) mixed with
 Long pepper
 Ghee (clarified butter)

Amlokyadi-kwath

Amloki and Haritoki (*C. and E. myrobalams*)
 Root of chitra and Long Pepper

Mustyadi-kwath

Mutha (*C. Rotundus*)—Diaphoretic and diuretic
 Indrajava (seed of *Holarrhœna antidysentrica*)—astringent
 Triphala (3 myrobalams)—Laxatives

Katki (Picorrhiza Kurrooa)—antispasmodic

Phalsa (Grewia Asiatica)—acid.

(8) *Solid extract (Abalepa i.e. licked by the tongue)*

Chaturbhadra Abaleha

Katphal (myrica sapida)—aromatic, astringent

Kur (aplotaxis auriculata)—stimulant, astringent

Kakra sringhi (Rhus succidenea)—astringent

Long Pepper

to be mixed with honey

Astanga Abaleha

Katphal (myrica Sapida)—aromatic, astringent

Kur (aplotaxis auriculata) stimulant, astringent

Kakra Sringi (Rhus succidanea) astringent

Ptychotis

Trikatu (3 bitters) } carminative

made up with honey or ginger juice

Food in Niram stage of Kapha fever

Medicated laja (khai) paya as appetizer

mixed with Rock salt and acid pomegranate juice

or with dried ginger and Long Pepper

Medicated java paya (Barley gruel)

if constipation—with Long Pepper and Embelia myrobalum

if after Vayu fever

with hacking Cough

} with Brihat Panchamul

Medicated Rice gruel

if diarrhoea—with

Chakulia (Uraria Lagopoides)—alterative

Berela (Sida cordifolia)—astringent

Bael (oegle marmelos)

Nilotpal (Nymphoea Stellato) cooling

Coriandar and dried ginger—Carminatives

made up slight acid with Pomegranate juice.

If much spasmodic cough

with Salpa Panchamul,

if after Vayu kapha fever,

with Long Pepper and coriandar,

Then Rice and mug Soup.

Treatment of Dwandaja fever

Here the two doshas out of three are simultaneously deranged.
These are more complicated than fevers with one dosh deranged.

(1) Vayu-pitta fever

Give kwath (drug decoctions) on the 7th day (Niram stage)

The specific antifebrile drugs are Gulancha, Neem, Katki, Khetpapra with or without Chireta.

*Analysis of prescriptions**(1) Gulancha alone unmixed with any other febrifuge*

Nidhikadi-Kwath—It contains besides Gulancha

Kantikari (*S. xanthocarpum*)—antispasmodic, diuretic
Berela or Bala (*sida cordifolia*)—soothing
Rasna (*Acampe papillosa*)—Anodyne
Bala Dumur (*Ficus Hetrophyla*)—carminative, Laxative
Shyama lata (*Ichnocarpus Frutosence*)—alterative
Masur dal (*vicia Leus*)—nutritive

It is indicated in the inflammatory stage of rheumatic fever.

(2) Gulancha combined with Neem

Guduchyadi kwath—contains besides Gulancha and Neem

Red sandalwood—Bitter, aromatic
Padam Kasta (*Prunus Padam*)—aromatic
Corindar—carminative

It is aromatic, carminative, antifebrile in vayu-pitta fever, relieves thirst, vomiting, burning and anorexia.

(3) Gulancha combined with Chireta

Kiratadi-kwath—contains besides Gulancha and chireta

Embelic myrobalum
Dried Raisins } —Laxative

Mixed with treacle.

(4) Gulancha combined with Khetpapra and Chireta

Panchabhadrā-kwath—contains besides the above—

Mutha (*C. Rotundus*)—diuretic and diaphoretic
Dried ginger (sunth)—carminative

Indicated in fever, burning and shivering (malarial continued)
and other varieties of Vayu-pitta fever.

(5) *Gulanča combined with Khetpāpra**Guduchyadi-sarsā*—contains besides the above twoThalkuri (*Hydrocotyle Asiatica*)—soothing, alterativeHinchā sag (*enhydra fluctans*)—LaxativePaltā (Leaf of *Tricosanthus Dioica*)—antibilious

Indicated in persistent Vayu-pitta fever with insufficient motion.

(6) *Gulanča and Katki combined**Brihat Guduchyadi Kwath*—contains besides *Gulanča* and
Katki

Red Sandal Wood

Padam Kasta (*Prunus Padam*)Bala (*Pavonia odouretta*)

} —Fragrant

Indrajab (Seed of *Holarrhena antidysentrica*)—specific,
astringent, vermifuge, checks mucus*Aknadi* (*cissampelos Hexandra*)—astringent

Dried Ginger

Coriandar

} —carminative

Duralava (*A. Maurorum*)—Diuretic*Mutha* (*C. Rotundus*)—Diaphoretic*Haritoki* (*C. myrobalum*)*Sondal* (Palv. of *cassia fistula*)

} —Laxative

Indicated in Vayu-pitta fever with thirst, vomiting, burning,
constipation. It is good in Bata-pittolayan (excess of vayu-pitta
derangement), Sannipat also. (To be continued.)

Health and Hygiene

—:O:—

THE INTERNAL BATH

By DR. BENEDICT LUST

(Nature's Path)

It is my firm-conviction that chronic constipation is the cause of more diseases than all other causes put together. It might be difficult to prove that 90 per cent of all human ills have their origin in the retention of poisonous material in the intestinal canal, but a long experience impels me to believe that the total percentage must be very close to the figure I have named.

The average human being considers that he has done his full duty towards nature and towards himself when he evacuates the contents of the lower bowel once a day, to the extent of four or five ounces of often

excessively solid matter. He fails to take into consideration the fact that his total intake of solid material for the previous twenty-four hours may have amounted to several pounds.

Much of this material, particularly when taken in the form of meat, eggs, fish, cheese or other concentrated proteins, is capable of developing the most virulent toxic material known to man, if putrefactive fermentation is permitted to develop. The poisons developed by this putrefaction, brought about by the presence of heat and moisture in the smaller intestine, are the self-same poisons that are used by the Orinoko Indian for the purpose of poisoning the tips of his spear and arrow heads. So deadly are these organic poisons—known to science as indol, skatol, xanthin and indoxyl—that their introduction into the blood stream from even the minutest scratch or prick of a pin is almost inevitably fatal.

In fact the only reason that the human race is not completely wiped out is because God, in His infinite wisdom, saw fit to place, within the walls of the intestine, certain cells that have the power of transforming most of these deadly poisons into relatively harmless ones, so that the severity of the toxic effect is very greatly mitigated.

However, the poison that do gain entrance into the blood stream by absorption through the little villi, or ducts in the intestinal wall, are sufficiently virulent and potent to cause a great multitude of disorders. The first line of defense of the body is undermined by their presence in the blood. For the defensive powers of the body, residing in the liver, and in the activity of the white corpuscle of the blood, are taxed to the utmost to neutralize and overcome these highly toxic substances.

The result is that the blood is poisoned by their presence. This in turn affects every one of the billions of cells of the body, each of which must find its source of nutriment in the blood stream, giving to the blood in turn, certain of its own used-up products to be carried away. When the blood is overladen by these adsorbed poisons, as well as by the poisons given off by dead or dying cells, the nerves are irritated, the vitality of the system is depleted, and a general lowering of the power of resistance is brought about.

This results in headaches, neuralgia, neuritis, rheumatism, lumbago, various forms of dyspepsia, and the tendency on the part of the individual to contract diseases of various kinds.

The effort to overcome this condition in the good old American way, which consists of giving copious quantities of laxatives on every provocation, has the effect of still further weakening the expulsive action of the intestines, so that a natural movement is almost unknown.

All laxatives contain more or less poison, that is substances which would become dangerous were they to enter the circulation in a concentrated form. An exhibition of the protective instinct of the body to

attempt to eliminate these poisons from the system in the shortest possible time, so that their depressing activity on the cells of the body may be overcome, is evidenced by the expulsive action of the bowel. The solution of these poisonous or irritating substances in the fluid drawn through the intestinal wall is discharged, but ordinarily takes with it only a small part of the fecal material. This explains the presence of hardened feces on the walls of the intestinal canal.

Sometimes this substance is of the hardness of a piece of limestone, and, as may well be imagined, it is totally impervious to the passage of fluid through its substance. This is one chief reason why chronic constipation is one of the prime factors in the causation of anemia. The presence of hardened fecal material, clogging up the little ducts in the intestinal wall prevents the absorption of the digestive food material into the circulation. The consequence is, the poor victim is continually undergoing a slow process of starvation. The blood is becoming more and more impoverished while at the same time the ability of the system to manufacture digestive material, and to convert food substances into their ultimate digestive pabulum, or nutrient material, is either inhibited or vastly decreased.

The patient is suffocated in his own excretions. At the same time he is being weakened and debilitated by the double process of starvation and poison.

The relief of this condition and the removal of its causes are the most important of all factors in connection with the maintenance of health. For the first, I would advocate the thorough cleansing of the intestinal canal. This can best be accomplished by the use of the internal bath, or by a series of "high irrigations" which are best produced in the following way :

The patient kneels upon the bed or upon the floor, and, keeping his hips high in the air, lowers the head as far as possible. The chest must be brought almost in contact with the floor, if this is practical.

As can readily be seen, this causes the bowel to gravitate forward into the upper gut, affording free entrance of the water into the upper colon. The nozzle of a two-quart fountain syringe, filled with warm water, is now introduced, and water permitted to flow gently into the bowel. In this position from four to six pints of water can usually be injected without much inconvenience. If the enema is to be taken daily, four pints is usually enough.

If there is any impaction of fecal matter, in other words, if there are any hardened masses of excrement low down in the colon, it would be better to evacuate these by obeying the impulse to move the contents of the bowel when but a little of the solution will have run into the colon. Should there be some griping or nausea, or should the water flow too

rapidly from the syringe, the flow can be checked temporarily by pinching the tube between the thumb and finger, although, as a rule, when the water finds its way into the upper portions of the bowel the discomfort will cease.

The patient should remain in this crouching position for a brief period after injecting the full quantity of water, after which the entire contents may be evacuated. If the bowels are massaged—being always careful to massage from right to left in a sort of rotary motion—the hardened fecal material will tend to loosen more rapidly, and be carried away when the water and the accumulated bowel debris are eliminated.

Where the situation is serious, in other words, where the constipated condition has persisted for some time, I have found that the daily use of this high enema for a period of a week serves as a stimulus to awakening healthy activity, as well as removing mechanically from the bowel all this effete material that has been permitted to accumulate and poison the individual.

The second week the irrigation should be used every other night; the third week use only twice during the period of seven days; and after that a once a week irrigation, kept up for some time.

I do not believe in attempting to use the enema while in the sitting position. For in this position, one must force the water up-hill, as it were. In that event it is quite probable that none of the water will get past the sigmoid flexure—or turn in the gut right above the colon. Furthermore, attempting to force the water in this position may result in an abnormal dilation of the rectum or lower bowel.

Many medical men advocate that the injection be taken with the patient lying on his right side. Again I contend that the water must force its way upward past the sigmoid flexure, and produce the same tendency to dilate the rectum. If the patient attempts to lie on the left side, the descending colon may be irrigated but the transverse colon is now made a perpendicular tube. So that neither it nor the ascending colon will be likely to receive much water. The knee-chest position, as I have described, I am sure will be found to be the most effective of all methods of proper irrigation.

If the patient is too weak to assume this knee-chest position on the floor or on the bed, he may lie upon the back, with the hips elevated about a foot higher than the head before attempting the injection. This is not quite as effective as the knee-chest position, but it is much more effective than taking the injection sitting up or lying on either side.

In addition to the injections I have described it will be necessary to eat plenty of fresh, ripe fruit and green vegetables, particularly those which are very low in their starch content.

Reports of Societies, etc.

THE ALL INDIA INSTITUTE OF AYURVEDIC RESEARCH, COCANADA.

ORIGIN.

This All India Institute of Ayurvedic Research was founded by a unanimous resolution of the representative assembly of leading Ayurvedic Exhibitors from all parts of India, Burma and Ceylon, in the public session held on 28-12-31 in Mysore under the auspices of the 21st. Nikhila Bharata Ayurveda Mahamandali Conference and Exhibition, with the Exhibition President, Vaidyaratna Pandit P. Subbarao B. Sc. F. C. P. S. Bhishagacharya of Cocanada, in the Chair.

It was, at that time, proposed to form the Institute in Mysore and a working committee was formed from the Local Ayurvedists to prepare the scheme and working plans. But, later, as the said committee reported to the President their inability to carry out the work entrusted to them, it was resolved in a public meeting of leading ayurvedists of Cocanada on 17-7-31, with the concensus of the opinion of other Andhra leaders, to form and work the Institute at Cocanada, the place of the President and founder, and a strong working committee of the City Ayurvedists was formed with the Exhibition president Pandit Subbarao, as the Organizing and Managing Director. In support of the Institute it was resolved to revise the forgotten Dhanvantari Nidhi founded by Lord Siva, after Daksha Yajna Dhvamsa in yore.

Till the time, the Institute can live an independent existence, it was resolved to affiliate it to the Andhra Ayurveda Visvavidyalay, Cocanada.

MANAGEMENT.

The whole organizing and Management is vested in the Organizing and Managing Director, who will be assisted in all matters by the working committee consisting of :—

LOCAL

1. M. R. Ry. Ayurveda Nishnata Pandit Marla Narayana Sastry garu.
2. " Dr. Peddibhotla Seetharamayya garu B.A., M.B. research worker.
3. " Ayurveda Sastry Tangirala Venkata Subbarao garu.
4. " Ayurvedopadhyaya Goodapati Satyanarayana moorthy garu.
5. " Rajavaidya Godavarti Seshayya garu.
6. " Ayurveda Sastry Paluri Subbarao Kavi garu.
7. " Raja Vaidya Nelakanti Sooryanarayana garu.

8. M. R. Ry. Bhishagrantna Chakka Venkanna garu.
9. „ Ayurveda Visarada Nelakanti Venkateswarlu garu.
10. „ Raja Vaidya Koralla Raja Rao garu.
11. „ Ayurveda Visarada Karra Apparao garu.
12. „ Ayurveda Visarada Suthapalli Somaraju garu.
13. „ Ayurveda Vaidya N. V. V. R. Kameswar Rao garu.
14. „ Vaidyavatamsa Sarbada Sesahagiri Rao garu.
And non resident.
15. „ Rasaratnakara Vaidy Sastry P. L. Narsimham garu.
Vizagapatam.
16. „ Vaidya Raja Dvibhashyam Venkateswarulu garu.
Chintalooru.

FUNDS.

The funds will be deposited in the Cocanada Central Cooperative Bank and M. R. Ry. Dr. Peddibhotla Seetharamayya Pantulu garu B.A., M.B., will be the treasurer and the accounts will be audited by Auditor M. R. Ry. Nemani Venkatanarayana Chowdhari garu B. A. B. Com, and published regularly.

OBJECTS.

The following will be the chief among the objects.

1. As, at present, different pharmacies manufacture the listed Ayurveda yogas with varying standards and methods and sell them at varying prices, and as thus there is no dependable standard or method for their examination or evaluation in Exhibitions, the various yogas of listed medicines shall be collected and the process of their preparation discussed and the variations settled. Then strictly according to the accepted methods, one after the other, all the listed medicines shall be prepared under proper control in the institute, samples of which shall be forwarded to reputed Laboratories for analysis and preparation of chemical and chemico-physical formulae, and again to leading Hospitals for clinical tests in order to systematically assay and standardize the value of Ayurvedic remedies.

2. To fix standard Sanscrit names with Botanical identification and medical value of Ayurvedic plants and drugs.

3. To forward sealed samples of standard medicines prepared in the Institute, for comparison and examination of the exhibits competing for reward and certificates of merit in the examinations.

4. To test analytically and clinically special medicinal preparations and secret remedies and grant rewards and certificates and to register Trade marks and issue Patents to protect their manufacture and sale.

5. As even ordinary ayurvedic remedies like simple 'kapha-ketu' are sold in leading pharmacies at prohibitively high prices, to review the

current prices and market rates and fix the pharmacists' profits strictly within the limits of Vaidyabhaga not exceeding 50% of cost of preparation as declared in the Holy Samhitas.

6. To take stock of Ayurvedic formulae and their pharmaceutical variations from the several parts of India and prepare a standard Ayurvedic pharmacopia with the title 'Bharatha Aushadha Nirmana Nirnaya Sindhu.

7. And all other matters concerning the pharmaceutical section of Ayurvedic practice, suggested by the advisory committee and approved by the General body.

MEMBERSHIP

Ayurvedists may join the Institute as members after signing the Oath of allegiance to the Dhanvantari Nidhi.

SUBSCRIPTION.

Members should pay an annual subscription of one Rupee and install the Dhanvantari Nidhi Dibbi in their Offices.

PRIVILEGES.

Members will be entitled to priority supply on share system of the Medicines and Bhasmas etc. prepared in the institute at actual cost price and to the free issue of the Official Pharmacopie Bulletin.

PROPAGANDA.

The Organizing and Managing Director has the power to appoint Provincial and District Organizing Secretaries, Inspectors and other staff and sanction their remuneration, pay and other allowances.

SCHEME OF WORK.

As an initial step, experimentally, will be manufactured by the Institute 200 tolas of Sidha Makaradhvaja, the Crown flag of Ayurveda, which is disputed all over the world, 200 tolas of Maharaja Mriganka, the reputed specific for consumption and phthisis, and 200 tolas of Mohavasanta Kusumakararasa, the best anti-nephritic and renal tonic, on share system, with 150 tola shares in each preparation. The total cost of preparing each remedy will be raised from the 150 share holders and when the medicines are ready, one tola of the medicine subscribed for will be distributed to each share holder and the balance of 50 tolas of each preparation taken over by the Institute as Vaidya Bhaga.

Out of this Vaidya Bhaga 20 tolas will be distributed among members of the working committee, and from the balance 10 tolas of each be forwarded to leading laboratories for chemical analysis and preparation of chemical and chemico-physical formulæ, and 10 tolas of each be forwarded to leading Hospitals for clinical tests and report of therapeutic value, and 5 tolas of each be forwarded as sealed samples

for comparative study in Exhibitions, and 5 tolas of each be preserved as reserve stock of the Institute.

SHARE MONEY.

It is estimated that the preparation of any of the three medicines will approximately cost Rs. 1800 and this amount will be raised in 150 shares for each medicine, i.e. 450 share in all. The share money will be collected at Rs. 2 with application and the balance in one instalment within one month of allotment.

As the collection of plants will be started with the month of Aswiyuza, and the full value of the total number of shares has to be realized before the end of Bhadrapada, 15-10-31 is fixed as the latest day for payment of instalments, and such of the shares as remain unpaid within one month of allotment or 15-10-31 whichever is the earlier, will be cancelled and the application fee forfeited by the Institute.

Due to market fluctuation or other causes, should the actual costs of preparation exceed this estimate, the deficit will be made up by collecting an additional amount not exceeding Rs. 5 on each share and the money left unspent, if any, after final settlement be equally refunded to the share holders.

The application fee and subsequent instalments shall be paid to the Treasurer or authorised agents of the Institute and printed receipts obtained there for.

RASASALA.

For the benefit of instruction to students in practical pharmacy of the process of sodhana, marana, jarana and other samskaras and other process of manufacture, the medicines will be manufactured in the Rasasala of the Andhra Ayurveda Visva Vidyalaya College, Cocanada and the Valuables (Gold and pearls etc.) be secured under seals in the strong room of the M. S. N. Charities adjoining the college. A regular record of the diary of work and all special observations made from time to time shall be maintained throughout the whole process of manufacture, and attested from time to time by members of the Local Advisory Committee which will be formed from the leading citizens and professors of science in the P. R. College in the City.

Forms of application and other particulars will be supplied in the office of the Institute in the Andhra Ayurveda Visva Vidyalaya, Cocanada.

The
All India Institute of
Ayurvedic Research,
Cocanada, 10-8-31.

Vaidyaratna Pandit, P. SUBBARAO,
B. Sc., F. C. P. S. Bhishagacharya,
Organizing and Managing Director.

DHANVANTARI NIDHI NIRMANA SMRITI

(English rendering)

In times of yore, Daksha Prajapati, holding possession of the proud monopoly of all Ayurvedic Lore, wilfully neglected to invoke Rudra (the Lord of Cure) in the performance of the huge prophylactic Yajna and, as a result of the insult, merited the wrath of Rudra ending in general disaster.

In view of the fact that the very science of Ayurveda also was being lost with King Daksha and his following, Maheswara Dhanvantari removed the existing ban on Surgery, which prohibited the Brahmin to all surgical practice and creating a high place of honour for them, got Daksha and others restored to life by Aswin twins, the Deva Surgeons. And, with a view to make the science of Ayurveda a public property, got Bharadwaja, the pioneer Sage Ayurvedist, trained under Lord Indra in Medicine, under Aswins in Surgery, and under himself in Yoga Medicine (Electric and Magnetic treatments), installed him on the high dias of the Universal Academy of Ayurveda and got him to codify the complete science of Ayurveda in the form of Ayurveda Sootra. In order to make the Academy permanently self-supporting, he created the perennial Dhanvantari Nidhi (Medical fund) and planted the flag of Ayurveda with the Insignia of Makara on it.

RULES AND BY-LAWS.

Since the very Brahma declared the first seat among the Gods for the Lord of cure, hence forth, no medical practitioner (whether physician or surgeon) be sought for, without his fee being prepaid.

2 At the Commencement of every treatment (cure or prevention) the Lord Dhanvantari be invoked and in lieu thereof, some contribution be prepaid into the Nidhi.

3 In the same way as one half or less of the medicine prepared is given over as the manufacturer's working share, one eleventh be made over to the Nidhi as Rudra Bhaga.

4. The King do contribute one thirtieth of his general Revenue to the Nidhi.

5. In all social and religious functions, where money etc. are distributed to Brahmins and others, a lot be given over to the Nidhi.

6. All offerings avowed in the hope of cure be fully credited to this Nidhi.

7. On all transactions of medicine and drugs, both the seller and the buyer do contribute a toll to the Nidhi.

8 Contributions, donations, and annuities be raised from public societies, Zemindars, and other rich people and added on to the Nidhi.

PENAL CLAUSE.

Whosoever wilfully infringes any of these rules and bylaws, shall be met by Lord Rudra with the same fate as Daksha Prajapathi.

Om santi ! santi ! santi !

THE ALL INDIA INSTITUTE OF AYURVEDIC RESEARCH,
COCANADA.

Established 1931.

PLEDGE OF MEMBERSHIP.

I do hereby and hereon solemnly and sincerely declare my adherence to the following conditions of the Dhanvantari Pledge and request that I may be enroled as a member in the All India Institute of Ayurvedic Research.

1. I herewith pay the admission fee of Re. 1 and will hereafter regularly pay a subscription of Re. 1 on or before the 10th January every year.

2. I will treat all Indian Medical practitioners and Ayurvedists as my brethren.

3. I will try my best to impart my experience and sastric knowledge to students of Ayurveda.

4. I will show every hospitality and try my best to help the members of this Research Institute in distress and difficulties.

5. I will strictly abide by the Constitution and Bylaws of the Institute and of the Dhanvantari Nidhi and observe all the General Ethics of Ayurveda ; and will willingly co-operate in all measures directed to the uplift and expansion of Ayurveda and religiously maintain the traditional nobility of Ayurvedic practice.

6. I will obey all lawful orders of the Officers of the Research Institute and the Dhanvantari Nidhi.

7. In my medical practice, I will keep in mind the Lord's Proclamation "Pradhamo Daivyo Bhishak, Tasmathvina Dakshinaya Vaidyaha Prardhaneyo Na kenachith" and will pray to the Lord Dhanvantari at the commencement of every new case and make the patient also invoke the Lord's favour and, unless absolutely poor, make him contribute a small toll of not less than (0-0 3) three pies into the sealed tin kept in my office in the name of the Lord.

8. Should I ever sell medicines or drugs, I will likewise collect a small toll of not less than three pies (0-0-3) on each complete transaction and place it into the above sealed tin.

9. The fund thus accrued in the tin and my annual subscription of Re. 1-0-0, I will either pay to the Institute's authorised agents as per orders and send to the Institute the Duplicate receipt obtained from the agent or remit the same direct into the Treasury of the Institute and obtain proper receipts.

I will not break this pledge or violate any of these rules on penalty of forfeiture of membership and voluntary exclusion from the Lord's grace.

Full Name

Fathers' Name

Residence

Profession

Station

Date

Full signature of applicant.

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THE ALL INDIA INSTITUTE OF AYURVEDIC RESEARCH,

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Sir,

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for Rs. being the Admission Fee for tola shares of Sidhamakaradhwaja, tola shares of Maharaja Mriganka, tola shares of Maha Vasanta Kusumakararasa and request that the number of shares applied for may be allotted in my name, and I bind myself to pay the 2nd Instalment of the shares amounting to Rs. in all, within one month from this date or 15-10-31 which ever is the earlier.

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Medical News & Notes

—:O:—

PHARMACOLOGY

Isapgul in Chronic Dysentery.

Lieut.-Col. R. N. Chopra, M.A., M.D., in the course of a communication from the department of pharmacology, Calcutta School of Tropical Medicine and Hygiene, states that the seeds of *P. ovata* are very beneficial in chronic dysenteries of amœbic and bacillary origin and chronic diarrhoeas due to irritative conditions of the gastro-intestinal tract. A glucoside named *Aucubin* has been found in the seeds but it is physiologically inactive. The tannins which are present in appreciable quantities have little action on the entanœba or bacteria. The action of the drug would therefore appear to be purely mechanical, being due to the large amount of mucilage which is contained in the superficial layers of the seeds. This mucilage is shown not to be acted on by the digestive enzymes, and therefore passes through the small intestine unchanged. It lines the mucous membrane of this part of the gut and its demulcent properties give it a protective and sedative action. In the large gut the intestinal bacteria have been shown to have little or no action on the mucilage. Practically the whole of it is passed out unchanged during the 12 to 24 hours following its administration. During its passage through the gut it coats the inflamed and ulcerated mucosa and protects it from being irritated by the fluids and gases, the products of gastro-intestinal and bacterial digestion. This enables the lesions to heal quickly. The toxins present in the gut are further absorbed by the gel and their absorption into the system is prevented. The seeds are taken in large quantities and as they swell up in contact with water they increase the bulk of the intestinal contents and in this way relieve chronic constipation by mechanically stimulating the intestinal peristalsis. The mucilage of *P. ovata* seeds acts in very much the same way as liquid paraffin. It is very much cheaper and is further free from the injurious effects produced by the habitual use of the latter drug, e.g., malignant disease of the colon, eczema ani, paraffin pains, etc.

PHARMACY

Causes of Lost Drugstore Profits.

The following is a tabulation of some of the principal causes of lost profits in drug stores. Such a list usually proves of greatest interest to the most successful druggists. The reason is that the druggists who are most successful are the ones who are keenest and most desirous to improve their success. This very attitude of mind doubtless explains

their prosperity. To any druggist who really wants to check over his own practices to make sure he is avoiding to the greatest degree possible the most important of the causes of lost profits in a drug store, this tabulation should be of some interest.

1. *Spoilage of Stock Purchased.*—Spoilage is most evident in perishable merchandise and, therefore, can be avoided there to the greatest extent. This, however, is not the only place in which spoilage occurs. Anyone who has bought a long-established drug store has had the experience of going through the prescription room stock, if it has not been carefully maintained, and throwing away dozens of items therapeutically useless for which at one time good money had been paid. Shopworn goods also are in this class; the merchandise is all right but its appearance is not. On the other hand, some druggists hesitate to discard stale merchandise of a perishable nature, preferring to obtain the immediate profits, although such profits when obtained are at the risk of great future losses of prestige and patronage.

2. *Loss of Merchandise.*—These losses may be actual thefts. More frequently they result from failure to carefully check purchases when received; careful checking prevents the throwing away of small items with empty cartons and brings to light actual shortages in the order as delivered. Most frequent of all losses of merchandise, undoubtedly, are the losses which result from merchandise, being pushed further and further aside, especially in dark corners of the cellar until finally its existence is forgotten altogether.

3. *Waste of Merchandise.*—Waste is most frequent when bulk merchandise is sold. This waste results not only from down-weight, but also from inevitable shrinkage from the handling incident to sales in bulk. This is one reason, for instance, that progressive druggists who sell ice-cream to be taken out of the store, sell it only in packages and never in bulk. Greeting cards are another class of merchandise in which losses of this kind are likely to occur.

4. *Cash Leaks.*—Cash leaks occur in drug largely because druggists do not use the facilities which they have for keeping track of cash. In many stores in which expensive and elaborate cash registers are installed, it is often the practice not to verify the register totals every day. Carelessness on the part of the management inevitably encourages carelessness on the part of sales people in handling cash. For those employees who yield to temptation or who are downright dishonest, the evident existence of carelessness in handling cash is just the encouragement needed to cause them to begin their speculations.

There is just one way to control cash effectively in a drug store and that is to verify the register totals immediately after the store closes for the night. This verification should be made, of course, by some

responsible person. Any discrepancies are thus brought immediately to light and unintentional mistakes and errors can be corrected while they are still fresh in the minds of the sales people making them. In stores which have a large C. O. D. delivery business, careful watch of each and every delivery is important, because such cash is usually received through the back door and not in the customary manner. Furthermore, it is a common practice, of course, to send change with the package, which further complicates the handling of the cash, unless great care is taken.

5. *Failure to Record Charge Sales.*—Even in drug stores which do an important amount of charge business, the methods used for recording these sales are not as formal and elaborate as they are, for instance, in a department store. Indeed, they cannot be, because the small amount of most purchases in a drug store does not justify such records. None the less, it is plain that a failure to record even a single dollar's charge sale means that ten dollars of additional sales must be made to overcome the loss in profits from this one error. In fact ten dollars is probably a liberal estimate, because not every drug store to-day is fortunate enough to make a net profit of 10 per cent. of sales.

The remedy for the lost profits resulting from a failure to record charge sales is to make the recording of such sales as easy as possible. This usually means putting charge slips not in just one place in the store, but in every place at which such sales are likely to be made. If sales will record on these slips at the time sales are made some memorandum of what has been sold, the details can be filled in later. It often happens in busy store that, when several people are waiting to be served, all a sales person has time to jot down is a brief memo. This usually is enough for the time being; the details can be filled in later, but if no memorandum at all is made under such circumstances, it is easy to see how some transactions and some items may be forgotten in the rush of business.

6. *Failure to Buy Saleable Merchandise in Sufficient Quantities.*—It is a fact that upon many items of popular merchandise retail druggists buy in such small quantities that this merchandise has to be re-ordered as two or three times a week. Furthermore, the fact is that such re-orders, when given, are for exceedingly small quantities. The result is that on such merchandise of proved saleability, druggists frequently do not have in stock the very merchandise which by this rapid turnover has proved itself to be exceedingly easy to sell.

This is serious, not only on account of the immediate loss of such sales, but also because it gives customers the impression that the store does not have the merchandise they want to buy. One or two such experiences like this are likely to lead a person to transfer his business

to some other store. Drug stores depend for their success not upon single sales to a constantly changing group of people, but rather upon a long series of sales to a relatively small and unchanging group of people.

7. *Failure to Display Saleable Merchandise.*—As a direct result of the practice that many druggists have of buying merchandise of proved saleability in such small quantities that stocks are exhausted and have to be re-ordered every few days, it is plain to see that a druggist never has on hand a sufficient quantity of such merchandise to make a worth-while display.

No one denies the selling power of effective displays inside of a drug store and in its windows. A druggist cannot display all the ten thousand or fifteen thousand items in his stock. He must choose for special selling effort some from this extensive stock. He cannot choose the comparatively small number of items of proved saleability for such display unless he buys a sufficient stock of them at a time to make possible a display.

8. *Merchandise Stock Not Sufficiently Varied.*—In these days of simplification and stock control, the statement that druggists do not have sufficient stock on hand seems to strike a false note. As a matter of fact an examination of the stock of drug stores which are conspicuously and notoriously over-stocked usually reveals not that they have too many different kinds of merchandise on hand, but rather that they have too much of some merchandise of doubtful saleability. A study of the stocks of drug stores offered at auctions will verify this statement.

On the other hand, it is well known that the druggists who are freest from competition are the ones which have the reputation for stocking many more different kinds of merchandise than their competitors. People go to them again and again with a certain assurance that if anybody has the merchandise they want, drug stores of this kind will have it.

9. *Purchase of Excessive Quantities of Merchandise of Unproved Saleability.*—Profits in a drug store are determined by the gross margin obtained, the volume of business and the rate of turnover. In choosing a particular item of merchandise a druggist is apt to over-emphasise the importance of gross margin as a determinant of profits, because it is much more obvious in its influence than are volume and turnover. It is well to remember, however, that gross margins are obtained only when sale are made, and therefore that volume and turnover absolutely control.

10. *Poor service.*—Poor service may range all the way from a slovenly and ill-kept store to disagreeable and poorly-informed sales people, slow delivery service, and all such similar factors which in a store's relations with its customer help or hinder its growth. Good-will is vital to a

drug store because it is, or hopes to be, a permanent feature of the community life. The losses from poor service therefore are multiplied by the number of possible sales that might be made to customers unfavourably influenced by poor service.

11. *Failure to Advertise*.—Store displays sell merchandise only to the people who come into the store. Window displays help to sell merchandise only to people who pass the store. To the larger group who neither come in nor pass the store, some productive means of attracting these possible customers to the store is desirable, and a failure to make use of advertising for this purpose means lost profit opportunities.

12. *Failure to Use Salesmanship Effectively*.—The most profitable place in which to use salesmanship in a drug store is on those occasions when customers enter who are undecided what to buy. They may know what they want: for instance, a camera, but a failure on the part of the sales person in the drug store to understand both his customer making an unfortunate choice and the store losing an opportunity for service and profits. For instance, a customer best suited with a twenty-dollar folding camera may be sold a two-dollar box camera, simply because the only reason the sales person can offer for the difference in price is the lame and halting remark, "One must be of better quality than the other."—*Ind. and East Druggist, Sept. 1930.*

THE FIRST DESCRIPTIONS OF ASIATIC DRUGS.

The end of the fifteenth century saw two great events, the discovery of the America by Columbus, and the opening of the sea route to India by Vasco da Gama. As a consequence of those voyages, the tropics, with all their new and remarkable produces, were first made known to Europeans.

The original scientific description of many new plants of the western hemisphere was by Orviedo, a physician as well as a botanist. In his "Historia general natural de las Indias," he describes maize, the pineapple, the prickly pear, the rubber tree, manioc and the manner in which its poisonous starchy root is rendered edible by washing, the guava from which a delicious jelly is made, the avocardo or alligator pear, which the natives believe to have aphrodisiac properties, the calabash or giant gourds, and the sweet potato. The plates showing figures of many of these plants were the first pictures of them published.

What was done for the plants of the New World was done for Asiatic plants by Garcoa da Orta, a Portuguese physician and botanist of the sixteenth century. Da Orta was born about 1490 at Elvas, a frontier town of south-eastern Portugal, celebrated for its antiquity, the purity of its water, and the excellence of its plums, three good things on which

to rest the fame of a town. He studied medicine at the Spanish universities of Alcalá de Henares and Salamanca, and after a period of practice in small towns of his native province went to the University of Coimbra as a professor. In 1534 he accompanied a new viceroy to Goa, the capital of Portuguese India.

Da Orta spent the rest of his life in the Orient, serving as vice-regal physician or in other official capacities, travelling, practising medicine and studying the natural history of India and the character of its civilisation. His travels cannot now be definitely traced, but it appears he visited nearly all the native states on the west coast of India, and the island of Ceylon probably more than once. He held the island where Bombay now stands under a long-term lease and had there his botanic or "physic garden." From it he sent many valuable seeds and plants to Portugal, among others, according to tradition, the first plants of the China orange to reach Europe. As this is the parent stock of our citrus fruit, the value of this one importation is considerable.

Da Orta was a friend and physician to many of the Indian princes of the Malabar coast, who eagerly sought his professional services and who rewarded him with princely fees. About 1560 he settled permanently in Goa to enjoy an old age of wealth and wisdom, and to receive the homage which both command. He was a friend of the poet Camoens, the historian Correa and the viceroy, and in 1536 he published his celebrated work "The Colloquies on the drugs and Spices of India."

This work is notable for these reasons: It contains the first scientific description of such important Asiatic plants as *nux vomica*, *datura* (*stramonium*), *cannabis indica*, betel nut and its use, opium, pepper, ginger, cinnamon, cloves, camphor, benzoin, cubeb and such tropical fruits as the mango, mangosteen, custard apple and the durian. He gives the first correct account of the palm and its many uses. In it da Orta describes the methods of growing these and many other drug plants, the native names, the uses, the tests for purity of the crude drugs, adulteration, prices and similar matters. It is thus a foundation work in pharmacognosy. It contains the first description by a European medical man of Asiatic cholera. It constitutes a remarkable picture of the tropics and of Asiatic life and culture in the sixteenth century. It was the third European book printed in Asia. A copy of the first edition was recently offered for sale for \$6,250.

Da Orta's accounts are most interesting and include such non-medical subjects as elephants, chess men, the caste system, an Indian market place and similar matters. Asiatic plants are, of course, the subjects that make up the bulk of the work. Here is his description of the nutmeg and mace. This is from the opening of the thirty-second colloquy which

describes the appearance of the nutmeg tree (*Myristica officinalis*), the leaves, flowers and fruit, as well as medicinal virtues attributed to these different parts. "I am able to tell you the various names of the nutmeg and of mace for I asked for them in Malay, Persian, Arabic and Turkish. The tree of the nutmeg is of the size of a pear tree and the leaves are rounded as are some pear leaves. Banda, the native place of the nutmeg, belongs to Portugal. The rind is hard, the outer skin harder than that of a green pear. When this is removed there is a very fine rind like that about a chestnut. This delicate skin is the mace. We need not refer more to the thick outer rind except to say that it makes a very good conserve white sugar, is most agreeable to taste and smell and is good for brain and nervous complaints. It comes from Banda in jars of vinegar and some people eat it as salad. When the nutmeg ripens it bursts the outer rind and the mace breaks through and changes to a red colour. It is a beautiful sight when the trees are loaded."

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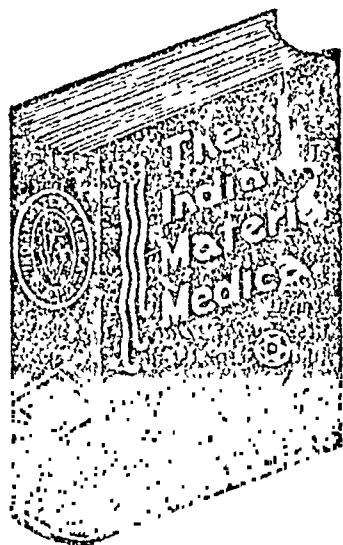
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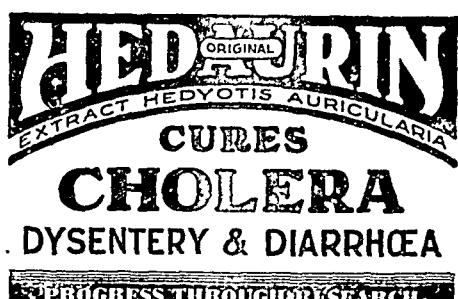
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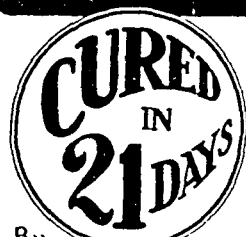


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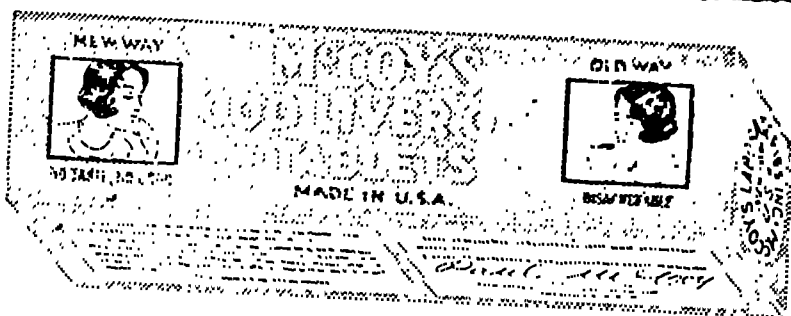
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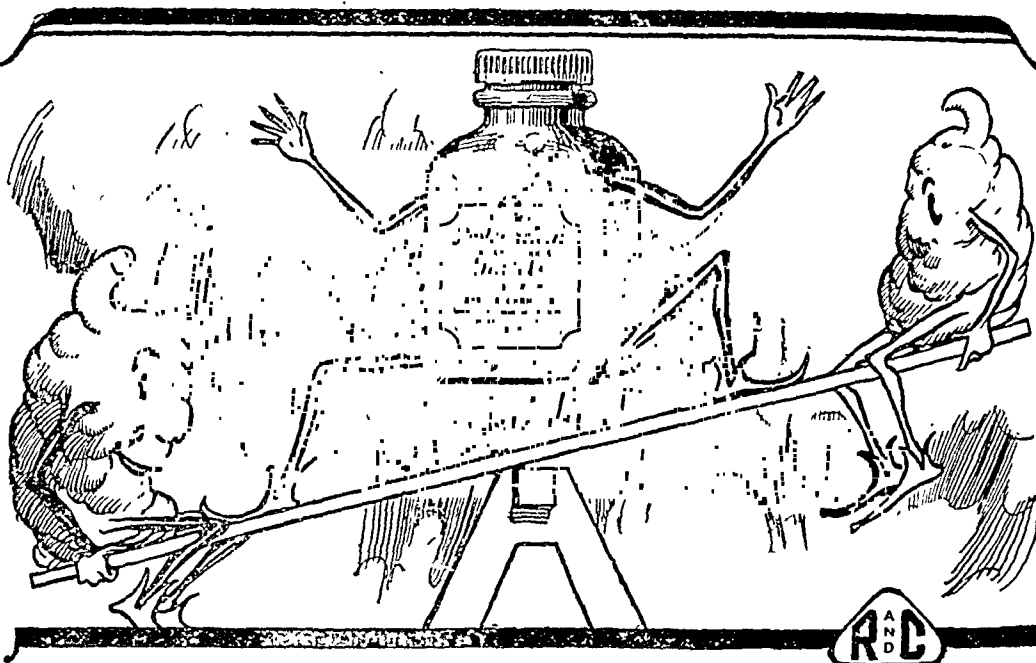
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Here and There

We take this opportunity to offer our greetings to all our subscribers, well-wishers and patrons on the occasion of our great national festival, the "Durga Puja", i.e. the Goddess representing the "Sakti" or the will power of God, who himself is inactive. We take the liberty to present here some predominating problems facing the country just now.

We hear that the present economical crisis is not limited to one particular country but the distress is manifest in every part of the Globe. We are, however, not very credulous; on the contrary we believe India to be the worst sufferer. We do not hear of any economical crisis in America, France, Russia, Japan, not even in China, although a few banks in U. S. A., mostly Rural Agricultural Loan offices, have had to close their doors due to the low prices of agricultural produces. The fact is all the more clear when we hear that France and U. S. A. are ready with huge sums of money to act as creditors to the distressed and economically moribund countries.

There is no gainsaying the fact that Germany, Austria and Hungary are now passing through a most economical distress due to their being bled white by their victors of the last great war. Great Britain has also her own share of the distress inspite of the fact that she is one of the party that vanquished the central powers in the last ruinous war, because of the fact that she was the country that supplied the all-important money wherewith the war could go on, even by borrowing

same from U. S. A. Her present position is rather very delicate. She has not only been turned as a tax-collector on behalf of U. S. A. but she has got to pay her annual instalments regularly to her creditors with interest. Besides these heavy payments, she has lost considerably her vast foreign trade which have been captured by other countries during and after the war. This slow process of gradual drainage on national wealth together with insufficient compensation year after year led to the present crisis, so much so that England had to abolish Gold standard and the business interest that was so long controlled by the Bank of England has now been shifted to Paris and Washington.

There are, of course, other factors that are also partly responsible for all these troubles. There was a time when British goods were considered best just as a Britisher was held in the comity of Nations to be the beau-ideal. But the outlook has now completely changed and in the present day of competition British goods do not command the former respect; they are, besides, more costly. After the political upheaval in China, England has lost a vast market and she is losing ground even in India due to political unrest in the country and others' competition.

The Economical crisis in India is due, according to Hon'ble the Finance member, to the fall in prices of raw materials and food stuff. The peasants (80 per cent of the population) cannot pay the land-revenue due to such a fall and the Government Budget for the current financial year is short by $19\frac{1}{2}$ crores of rupees. Revenues under customs, Port-Commissioners, Excise, Railways and Post office have also decreased and in order to meet the situation, Sir George Shuster has taken recourse to certain methods, which are, according to many, not a very wise step. He has proposed to reduce the salary of all Government servants drawing Rs. 40/- and upwards by 10 per cent, the cut being uniform. Highly-paid

officials, who pay income tax, will not have to surrender anything more than 10 per cent, the cut being inclusive of income tax ; so that the question of uniformity is rather untenable. The latter will have to surrender really 6 or $6\frac{1}{2}$ per cent while the poor clerks will have to surrender the full share. Besides, incomes from Rs. 1000 upwards have been made incometaxable, thereby adding more hardships to the already poverty-sticken middle-class people. Taxes on imports, Salt, Kerosine oil, Petrol and even on imported shoes have been enhanced by 25 per cent. But the most unkindest cut of all is that, as soon as the Government position becomes better, the reduction of pay of all Government servants will go. About the enhanced taxes, however, the Honourable member does not utter a single word. Are we to understand that these will be hanging over the heads of the poor Indians like the Democles's sword? Already we are beginning to feel for these enhanced taxes, in so far as the price of paper, increased registration fee for postal articles and enhanced Railway fares are concerned. When the question of the mass, the dumb millions, for whom the Government feels so much sympathy, comes in, the taxation seems to be quite inhuman. It is the inability of the mass to pay that has brought about the situation according to the Government version and yet they are going to tax them more by enhancing the price of salt, mineral oils, foreign articles including cloths and medicines, and that too perpetually, if possible. It is also proposed that the price of post cards and stamps will go up by 50 per cent and then the deficit in the postal administration will be made up. This increase means 200 per cent increase of the rate that prevailed before the war. The result will be that people will write very few letters or none at all, not because of unwillingness but because of inability to afford. It will also affect the already dull trades and commerce and, if persisted in for some considerable length of time, will kill many of them.

To us, the whole of the budget scheme is far from sound. There is deficit and it is admitted on all hands. But the remedy should be quite different. There should be reduction of salary not to the extent of 10 per cent but much more, even up to 50 per cent in some cases. Unnecessary staffs, departments, travelling expenses, etc. should be done away with. India unfortunately possesses most highly-paid officers, although she is the poorest country, in the world. Salaries of Government servants should be fixed in comparison with those of other countries as also in proportion to the average income of the people. England has got at present 20 lacs unemployed getting some sort of help from the Government, but they are not content. But, here, in Bengal alone there are 33 lacs of unemployed educated youngmen without being looked after by the state.

In our opinion, the situation, as now obtains in India, can never be met by taxation and ordinances but by a radical change and overhauling of the entire system of highly-paid administration. A patch here and a patch there may serve for the time being, but it is sure to defeat the purpose in the end.

It is also significant that the present regime of Diarchy is functioning itself very badly so far as the public are concerned. Besides paying heavy salaries to the ministers, circle officers and other officers connected with this show, the country is not getting the benefit it can justly expect. In the meantime, the rural people are paying regularly their enhanced Union Board taxes but practically without any material gain. In the present system, the purse belongs to the Government and the distribution also lies with them. They will spend whatever they require, even by producing supplementary budgets, and in case there is some balance, they will very kindly hand over same to the ministers, who are responsible for real constructive works, for the benefit of the public and the result has been that while money could be found

for huge military and Police force and civil officers, sufficient money cannot be found for public works, education, medical aid and sanitation. The failure on the part of the Government of Bengal to grant about two lacs of rupees only towards the working of the Calcutta University is a glaring instance of the baneful effect of this double government. But none the less, an additional sum of Rs. 500000 could easily be found for the Police. It is unfortunate that our Government do not wish to show an adequate sympathy for works like Education which is perhaps the most sacred department that every civilised Government should help and spread. To stifle education and thereby minimise the value of scientific and literary research is not only ruinous to the people but also is a sort of stigma to the Government itself. The real pride and fame of a Government does not lie in its battle-ships or Military and Police force but in the efficiency on the part of the government in the domain of Art and Science. A Wellington or a Nelson or a French did not make England so great as her Shakespeare, Milton, Wordsworth or Newton. A Wellington might have vanquished a Napoleon and might be adored as a great general in England but a Shakespeare or a Newton conquered the whole world and as such will be adored for ever throughout the world. It is therefore all the more necessary that the present Government that cannot distribute money judiciously should either cease functioning or mend its ways. It is also incumbent on the part of the ministers to see that their departments, which are really national concerns, do not starve. They should understand that their task is very responsible which does not consist in pocketing Rs. 64000 yearly and being driven by the nose by the secretaries. They should remember that they are the representatives of the people and in case they are unable to act up to the demands of the people, it is better for them to resign rather than waste public money in the way they

often do ; money is not, after all, the only criterion of greatness.

Optimism prevails in some quarters that trade will revive once again after a few months. We are not concerned with the conditions of other countries ; but so far as India is concerned, we are very much reluctant to share the same view. The already announced enhanced tariff, increased taxation, famine throughout North Bengal and other parts of India, prevalence of epidemics here and there and, above all, the dilatory nature of the Round Table conference point clearly that there is very little hope for India to come to a state of affluence in the near future. Of course, much depends upon the success or failure of the London conference. But the dramatic change of the Government there from Labour to National and its ultimate dissolution is rather foreboding. From the list of candidates, it is impossible to make any forecast but the possibility is that a stable Government may not be possible and a coalition Government (National ?) may come to power. But whatever may happen in London, the conference may not be a success, at least on minority question, if not on other bigger political issues.

H. N. C.

OBITUARY

It is with profound sorrow that we announce the death of our late President Dr. Charles C. Brace on August twenty-sixth Nineteen hundred and thirty-one. The Denver Chemical Manufacturing Company.

Original Articles

TRIDOSH THEORY OF AYURVEDA

BY

B. V. DEGWEKER M.A., M.Sc., LL.D.

JUBBULPUR.

(Continued from our last issue)

Cellulose, which is accompanied with starch in alternate layers is broken up by the bacterial action in the intestines into *Carbonic acid, and methane*. This is the chief cause of the gases in the intestines, the amount of which is increased by vegetable food. The action of the bacteria on amino acids is also to produce *carbon dioxide*."

Thus we see that the gases in the intestines produced by the combined action of the secretions like saliva, pancreatic juice, bile, intestinal juices and the bacteria consists mostly of carbon dioxide. We shall, therefore, consider the action of this CO_2 on the different tissues of the body and specially nerves. The gases in the intestine are termed Apan-wayu by Ayurvedists. Sushruta says पक्वाधानाख्योऽपानः Intestines are said to be the chief abode of Wayu.

पक्वाशयकटीसङ्क्षिप्तोवास्थिस्पर्शने द्वियं । स्थानं वातस्य तत्रापि पक्वाधानं विशिषतः ।

Therefore it follows that like gastric juice (Klendak kapha) in Amashaya, and Pachak Pitta in the duodenum, if this third substance Apan-wayu (mostly CO_2) is also produced in the quantity, the whole process of digestion, absorption and excretion will go on smoothly ; but, if for some reason or other its quantity is increased वातहृद्दी, then the system gets vitiated, and there is a disease for which a remedy has been prescribed by चरक as follows :—

आस्थापनानुवाचनं तु खलु सर्वथोपक्रमेभ्यः वाते प्राधानतमं मन्यते भिषजः । तदादित एव पक्वाशयमनुप्रविश्य केवलं वैकारिकं वातमूलं क्षिनत्ति । तत्रावजिते वातेऽपि शरीरांतर्गताः वातविकाराः प्रगतिमापद्यन्ते । यथा वनस्पतेर्मूले क्षिप्ते क्लृप्ते शाखाधरोह कुसुमफलपलाशादीनां नियतो विनाशस्तद्वदिति ।

Just as वमन and विरेचन have respectively been prescribed as the best remedies for removing the घातुवैषम्य due to an abnormal increase of क्लेदककफ तथा पाचकपित्त respectively, so also the आस्थापन तथा अनुवासनवस्त्री (enemetas) have been suggested as the most effective means of removing the abnormally increased Wata in the intestines. The drugs which are thus introduced by means of the enemas, remove that Wata substance from the intestines either by lubricating the inner surface, and thus making the passage clear by removing the obstructing solid stools (परिपिंडितपक्क), and thereby allowing these obstructed intestinal gases to pass off, or by absorbing that Wayu by means of oily (Snigdha) and hot (Ushna) substances thus introduced according to the law—

प्रकोपनविपर्ययो हि घातुनां प्रशमकारणमिति ।

This Wayu is said to be the root cause of all diseases due to Wata, which might appear in any other part of the body, and, therefore, as soon as its abnormality is removed, all other Wat-Vikaras in the body disappear, just as, when we chop off the very root of a tree, its branches, sprouts, flowers, fruits and all other off-shoots wither away. This passage clearly proves that this gas in the intestines (predominantly CO₂) is the Wata which is the root cause of all diseases.

That Wata is predominantly CO₂ is also proved by the statement in Shri-mad-bhagawad-gita viz. प्राणपानौ समौ कृत्वा नासाभ्यंतरचारिणौ । It is well-known that during the process of श्वासीच्छ्वास, the air which we breathe in contains more of oxygen, and the one that we breathe out consists of more of carbon-di oxide ; and both these gases are नासाभ्यंतरचारी Pranavayu being predominantly oxygen.

Modern physiology tells us that "The intake of oxygen is the commencement and the output of carbonic acid is the end of a series of changes known as respiration. The intermediate steps take place all over the body and constitute what is known as tissue-respiration."

The carbonic acid gas is thus a substance which is produced in minute quantities all over the body. But its production is greatest in the intestines, which are therefore, its principal abode. This carbon-di-oxide acts in a peculiar way on the nervous tissues of the body. If it is produced in the normal quantity, it stimulates the nervous system ; but if produced in either an excess or less quantity, it disturbs the system. This has been proved by Waller's experiments.

“Waller has obtained a number of interesting results on the variation in *nerve-action* produced by drugs and other agents. He finds that the effect of *Carbonic acid* in large doses is to cause a diminution and finally the disappearance of the activity of the nerves. When this gas is replaced by air, the nerve recovers, and the action currents increase.....*Small doses of carbonic acid increase the action currents,* and Waller considers that the staircase effect in muscle, and the similarly progressive increase noted in action currents of a nerve as a result of repeated stimulation is due to the evolution of this gas during activity.

This hypothesis has been recently confirmed by Baryer and Frolich. They have shown that peripheral nerves participate in respiratory exchanges, using up Oxygen and producing Carbonic acid in minute but measurable amount.” Gotch has shown “that cold applied to a nerve acts very much like carbonic acid. Intense cold will cause disappearance of both excitability and conductivity.”

It is evident from these experiments of Waller that amongst the different substances which are produced or developed in the body during various chemical changes, it is CO_2 or a mixture of O and CO_2 alone which has its action on the nervous system “which is the great master system of the body that presides over, controls and regulates the functions of other systems. “Wata which controls this master system has, therefore, been described as सर्वैः, सर्वतन्त्राणां विधाता बाधुरिवभगवानिति (master), here Cakradutta says सर्वतन्त्राणांतन्त्रश्चः कर्मवचनोऽप्यस्ति. In its normal state, the following actions have been attributed to it :

दोषघालप्रिसमतां संप्राप्तिं विषयेषु च । क्रियाणामानुलोभां च करोत्यकुपितोऽनिलः ।

It is well known that the nervous system produces all sorts of secretions which have been above stated as Kapha and Pitta, and thereby helps the conversion of the food that we take every-day into chyle, blood and other tissues. It is thus the system which maintains equilibrium (समता) between the Dosha and Agni secretions on the one hand, and Dhatus i.e. principal tissues on the other. The sensory nervous system is responsible for conveying to the mind the different sensations through Jnanendriyas—organs of sense (विषयेषुसंप्राप्तिं). It is the motor and autonomous nerves which help to carry away all excretions out of the body and are responsible for various kinds of motions.

Thus it is that all the phenomena which have been attributed to Wata are due to action of CO_2 produced in the body on the

nervous system as a whole or on some definite branches of it. It is therefore that the word Dhamani is the most suitable one for nerves according to the धमानादनिलपूरणाद्धमन्यः ।

Thus Wat is said to be त्वयं वधर. Here Tantra means either body or actions; and as either the body or Tantra-yantra meaning thereby the mechanism which causes actions in the body i.e. the Nervous system is dependent for its action on the proper production of CO₂ in the system as proved by Waller's experiments, this Wata is त्वयं वधर. For the same reason it is प्रवर्तकश्चेष्टानामुच्चाश्चानां विविधानां । If it is produced in abnormal quantities, it would depress the nerves, and thus retard or ultimately stop their actions. Similarly it is नियंता प्रणेता च मनसः, सर्वेन्द्रियाणां सुयोजकः, सर्वेन्द्रियार्थानामभिवोदा, प्रवर्तकी वाचः, हृषोक्ताद्योर्भोनिः. All these actions are due to sensory and motor nerves. It is also समीरणोद्गीः because when the nerves going to the pancreas are stimulated there is an increase of pancreatic juice secretion. Thus it is clear that each and every action which is attributed to Wata in Ayurveda originates from the nervous system, which in turn depends for its proper working on the production of CO₂ in the normal quantity throughout the system, and principally in the intestines. Hence चक्रदत्त says यद्यपि वायुना वातकारणानां वातश्मनानां वा तथा संबंधो नास्ति शरीरसंबन्धैस्तेषां तस्य शरीरचारिणः संबंधो भवति ततश्च वातस्य समानगुणयोगाद्ब्रह्मिर्दिपर्यादृष्टस्य पञ्चवेति । It is thus proved that Wata, Pitta and Kapha are actual substances in the body like other seven Dhatus and three Malas. They are mainly produced in the alimentary canal, Pitta and Kapha being secreted in duodenum and stomach respectively, while Wata being formed as a by-product in the intestines; and it is through these substances conveyed by the blood stream all along the body that other forms of Wata, Pitta and Kapha, whether Sukshma or Sthula, are nourished. The blood or the lymph that exudes from the capillaries reaches even the minutest part of the body, and along with it reach also these substances in extremely minute proportions. And so it is said that—

सर्वशरीरचरास्तु वातपित्तश्लेष्माणो हि सर्वस्मिन् शरीरे कुपिता कुपिताः शुभा शुभानि क्वेति प्रकृतिसत्ताः शमन्यपचयबलवर्णप्रासादादीनि अशमानि पर्वकृतपापत्रानि विकाररंजकानि ।

Here the word Sarva-shareer-char is very important as it shows that the Tridoshas move about in the body along with the blood stream. The same idea is expressed in the statement

कुपितानां हि दोषानां शरीरे परिधावतां । शतसंगस्तु वै गुणग्राह्या धिस्तोषजायते । -

Of the different forms of mucous membranes surrounding the tongue, nasal cavity and lungs, while Shleshak is the secretion

of the synovial membranes lining the joints. Amongst the different Pittaas, Ranjak and Bhrajak are actual secretions; while Sadhak and Alochak are Sukshma. Prana Vayu is ordinary air containing more of Oxygen than CO_2 , Apan contains more of CO_2 while the other forms should also be different mixtures containing O and CO_2 .

This subject needs more research; but there can be no doubt that the Tridoshas are actual substances.

Distinction between Prasad and Mala Dhatus.

Now before I close this discussion, I have to point out the distinction which Ayurvedists have made between Prasad and Mala Dhatus.

Charak holds that the food that we eat everyday is changed into Rasa and Kitta thus—

विविधमशितपीतृद्विखादितं यज्जंतोहि तमंतरग्निसंघुचितवर्णिन यथास्वेनोष्णस्य सम्यग्विपच्यमानं कालवदनवस्थितसर्षपातूष्णमारुतस्रोतः केशलंशरीरमुपचय बलवर्णं सुखायुषा योजयतिशरीरधातुर्नृजयति । धातुर्बोहिधात्वाहाराः प्रकृतिमनुवर्तते । तत्ताहार प्रसादस्योरसः किट्टं च सन्नाख्यमभिनिर्वर्तते । किट्टात्स्वेदमूतपुरीषधातुपित्तश्लेष्माणः कर्णोक्षिनासिकास्थोमकफप्रजननमलाः केशश्मश्रुतखाद्यश्चावयवाः पुष्यन्ति ।

This passage clearly shows that the food that we take in everyday helps to sustain the body by being converted with the help of various secretions into two parts, Rasa and Kitta. Rasa or chyle is no doubt the best part of the food (Ahar-prasad). But the word Kitta here does not mean dross or anything worthless, and therefore fit to be thrown out of the system, because the author says that from this Kitta various parts (Avayava) of the body such as hair (Keshha), nails (Nakha), as also Sweda, Mutra and Purisha, and Wata, pitta and shleshma are nourished. It has already been said by Chakradatta that :

पुरीषवातादयोऽपि शरीरावष्टंभका प्रसाद एव गुणकट्वत्वात् ।

as also तयोदीपाधातवश्च पुरोषं मूत एव च । देहं संधारयन्त्येते ।

Hence, here the word Kitta should be translated as a by-product. The question now arises as to which are these substances known as Wata, Pitta and Kapha that are nourished by Kitta. They are not the secretions Kapha and Pitta which take part in the conversion of the food into chyle. This point is made clear by Charakacharya thus—

किट्टमग्नस्य विभक्तं रसस्वर्षकफेष्टनः । पित्तमसस्ववमलो मलः स्वेदस्तप्तेदसः ।

स्वास्किट्टं श्लेष्मोमास्थ्नोमज्जः स्त्रीक्षीचिविद्वत्त्वात् । प्रसादकिट्टोधातुनापाकादेर्विधः स्मृतः ।

That Kitta is not anything worthless is also proved by the following statement of Charak ते सर्वे एव धातवो मलाख्याः प्रसादाख्याश्च रसमलाभ्यां युज्यन्तः स्वभावमनुवर्तन्ते यथावयवःशरीरं । एवंरसमलौ स्वप्रमाणवन्मिती आग्रयस्यमनधातोः धातुसाम्यमनुवर्तयतः । निसित्तु क्षीणवृद्धानां प्रसादाख्यानां धातुनां वृद्धि क्षयाभ्यामाहारमूलाभ्यां रसः स्यात्सुत्पाद्यत्वारोग्याय । किट्टं च मलानामिवसेव । स्वमानातिरिक्ताश्चोष्मणिः शोतोष्णपर्यधुणैः चोपचर्यमाणानलाः शरीरे धातुसाम्यकराः समुपलभ्यन्ते ।

The portions above clearly prove that the Kitta which is Malakhya is also a Dhātu, and that, so long as it exists in the body in the normal quantity, it keeps up the Dhātu-samya; but whenever its quantity increases, it is thrown out of the body. Thus even the Malas, as they are called, are Dhātu-samyakar within certain limits.

Thus from the sense in which the wood is used here, it is clear that each Mala is a by-product of each of the seven chemical processes beginning from the digestion of food, and ending in the conversion of Majja into Shukra. The process may be represented by an equation thus :—

Food + the several digestive juices = Chyle (Rasadhatu) + Wit (faeces)

The next chemical process is that of formation of blood (Raktadhatu) from Rasa. Modern physiology tells us that the chyle which is formed and separated in the intestines by the action of the digestive juices is absorbed there and collected by lacteals, and then passing through the Thoracic duct is emptied in a large vein near the heart. It then passes from the heart to the presence of a loose compound oxyhomoglobin. As this process goes on, the mucous glands inside the mucous membrane of the lungs give out a secretion, which, as it were, acts as a lubricant, because a portion of the lung is likely to waste away without it. This is therefore the Kapha secretion or the by-product of this chemical process. It is a matter of everyday experience that a certain quantity of this स्वमानातिरिक्त therefore उत्सर्जनीय (ready to be thrown out) Kapha always comes out of the lungs when we go to wash our mouth clean after taking our food. This is because as soon as the food enters the stomach, the heart beats faster in order to provide more blood within the same period to the glands, which give out secretions like gastric and pancreatic juices, and thus to bring out a copious flow from each of them. The venous blood, therefore, reaches the lungs more often than before during the same period, and thus requires a larger quantity of oxygen,

making it necessary for the lungs to work faster. Thus the quantity of mucous secretion also, increases, and this increased part being *स्रवणविरिक्त* has to go out. This shows that the *उरस्थकफ* is a by-product produced in the system during the transformation of the venous blood, or, as here of the *Rasadhatu* which is mixed with that blood, into arterial or pure blood, *Rakta-dhatu*. This secretion, so far as it is useful, remains in the system, but where its quantity increases owing to the above cause, it has to go out. Thus :

Rasa-dhatu + oxygen of the air = *Rakta-dhatu* + *Urastra Kapha*.

The third chemical process is that of formation of *Mansa-dhatu* from blood. "A portion of the blood stream having been diverted once into the capillaries of the intestinal canal and some other organs, and gathered up again into a single stream, is a second time divided in its passage through the liver before it finally reaches the heart and completes a revolution. This subordinate stream through the liver is called Portal circulation. Thus the liver gets its supply of blood from two distinct sources viz, from the portal vein and from the hepatic artery while the blood is returned from it into the *vena-cava inferior* by the hepatic veins. Its secretion, the bile, is conveyed from it by the hepatic duct either directly into the intestine or when digestion is not going on, into the cystic duct, and thence into the gall-bladder where it accumulates until required."

This extract from Halliburton shows that before blood becomes so pure as to be able to be converted into other tissues such as flesh, it has to pass through liver where it gives out the secretion bile. Hence this bile is a byproduct obtained while *Rakta-dhatu* is being purified so as to be able to form other tissues.

Hence *Ranjak pitta* is bile alone, while *pachak pitta* is a combination of pancreatic juice and bile. This is called *Ranjak*, because 'when there is obstruction in the bile ducts preventing the bile entering the intestines, it passes backwards into the lymph, enters the blood and is distributed over the body causing a yellow tint in the skin, and mucous membranes and coloring the urine deeply.' As it gives colour to the blood, it is called *Ranjak*. *Sushruta* says :—

यत्तु यत्कृत्स्नीन्हीः पित्तं तस्मिन् रंजकोऽयिरिति चेद्वा । स रसश्च रागहृत्कृत् ।

Halliburton, holding the same views, states :—Besides these direct offices, the spleen fulfils some purpose in regard to the portal circulation with which it is in close connection.

All this discussion clearly proves that the *Malakhya* dhatus which are obtained during these chemical changes are different from those which spontaneously flow in the alimentary canal. They are not originally substances ready to be thrown out of the system, but become so when *Swaman-atirikta*.

Meaning of the word Mala.

It has to be remembered that there is yet another sense in which the word *Mala* has been used by Ayurvedists, and that is to mean substances always ready to be thrown out of the system.

शरीरधातवः पुनर्विद्विधाः संयुक्तेषु मलभूताः प्रसादभूताश्च ये शरीरस्य बाधकराः सुस्तयत्र शरीर-
च्छिद्रेषु पदेहाः पृथग्जन्मानोवहिसुखाः परिपक्वधातवः प्रकुपिताश्च वातपित्तक्षेपाणो विचान्यो-
पिकेचिच्छरोरेतिष्ठतोभावाः शरीरोपधाताद्योपपद्यन्ते सर्वान्मले संवसाहे ।

Here the word *Malabhuta* has been used to show that as soon as these dhatus attain a particular stage, they have to be at once thrown out. The word *Mala* used here collectively to mean a dross or an altogether useless substance includes all kinds of Dhatus whether belonging to *Dosha*, *Dhatu* or *Mala* class but having attained a particular condition.

दोषाः—प्रकुपिताश्च वातपित्तक्षेपाणः ।

धातवः—परिपक्वधातवः ।

मलाः—शरीरच्छिद्रेषु पदेहाः पृथग्जन्मानोवहिसुखाः ।

Not only these three classes, but anything which is likely to cause damage to the body tissues such as a *Shalya*, is also included in the word *Mala*.

Thus *Mala-bhuta* dhatu means an excretion ready to be thrown out of the system.

Malakhya dhatu is a by-product which becomes an excretion *mala* when it is *swaman-atirikta* and *Mala-dhatu* means सूत्रशक्तस्वेदादयः so long as they hold and nourish the body.

This finishes the exposition of bare skeleton of the *Tridosha* theory. I have in this short description attempted to make a distinction between the terms *Dosha*, *Dhatu* and *Mala* as they occur in Ayurvedic Works, and to prove that the *tridoshas* are actual substances in the body. I shall be glad if it helps to promote discussion and mutual understanding amongst us-
Vaidyas on this point which is of utmost importance to the students of Ayurveda.

DISEASES—I FEVER

BY

DR. B. V. RAMAN,

(The astrological magazine, Bangalore.)

No science or art can command greater respect, admiration and attention from the educated classes, than a knowledge of the diseases, how they affect the human system, what remedies have to be adopted to alleviate them and so on. From time immemorial the diseases have subjected themselves to some sort of classification by the medical sciences. The diseases arise from various causes. While some are knowable, others are unknowable. Different systems of medicines usher different kinds of convincing arguments to indicate their own theories on diseases. Whatever might be the views held by the different schools of medical thought about the theories on diseases, all of them must acknowledge that some diseases are knowable while others are utterly unknown or unknowable to the science of medicine.

Suppose a man has an ulcer or wound in his leg and it has to be amputated. The causes here are known and are demonstrable. In another instance a man is born without legs while his parents are all right. In this case the defect at birth is unknowable except by means of some indirect knowledge derived from the Vedas and Dharma sastras.

The human body is composed of some elements and their compounds. And after the body is ushered into this world, it is formed into some shape by the help of food, water, climate, atmospheric ingredients and the internal strength it possesses to appropriate and assimilate the various substances, which are needed for its building, upkeep and growth. When these are assimilated or disturbed in proportions in which it is not able to discharge its work properly, what are called diseases set in and cause much mischief to the body and indirectly to the mind.

Diseases are the results of the disturbances of the assimilation of the ingredients needed for the development of the human body.

The science of Ayurveda excels all other systems of medicine in propagating the true causes of diseases and how to alleviate them in view of the constitutional peculiarities of the different individuals. Charaka Samhita is one of the oldest works extant on Hindu Medicine and has attracted the attention of the many modern scientific men in Europe and America and has already added a new phase of life to the History of Medicine. It is a highly philosophical work and Abinash Chandra Kaviratna observes thus in his English translation of this learned treatise: "Its deliverances on many subjects, unsurpassed for their brevity and weight, are like those of Bacon, extremely suggestive. Locked in a difficult tongue, those hints have for ages lain mutilised." Professor Max Muller says that the book is of great importance both to Sanskrit scholars and to medical men who take an interest in the historical development of medicine.

: Diseases may be chiefly classified under three important divisions, viz (1) Mental, which are very strong, causing pain and whose successful treatment implies a very high knowledge in the medical man of physiology and psychology, (2) those that are caused to the body by irregularities in diet, sleep, clothing etc. and (3) those which are caused by pure accidents such as falling, drowning, striking etc.

: Fever seems to play a prominent part in the realm of diseases. Charaka observes. "Among diseases, we shall here, at the outset expound fever in consequence of fever being the foremost of all diseases." Fever follows every malady, whatever may be the other causes for its outbreak. When the baby first comes out of the uterus it is attended by fever. Death never takes place without the manifestation of fever. In all diseases to which man or woman is subjected fever predominates over other diseases. Fever is also regarded as extending over the entire body of man—It affects the mind as well as the body. The other diseases are not so; they are local and hence fever is regarded among the Hindu Ayurvedic Sciences as the first and foremost of the diseases.

: Webster, the great American lexicographer, defines fever thus.

"A diseased state of the system, marked by increased heat, acceleration of the pulse and a general derangement of the function. Many diseases of which fever is the most prominent symptom, are denominated fevers; as typhoid, ague, yellow etc."

"Unnatural or excessive excitement of the passions in consequence of strong emotion ; strong excitement of any kind, a season of great excitement."

Fever is called *Roga Raja*, king of diseases, in Ayurveda. Fever arises from eight causes. They are :—

1. Vata or wind, 2. Pitta or bile, 3. Sleshma or Phlegm, 4. Conjunction of Vata and Pitta, 5. Combination of Vata and Sleshma, 6. Combination of Pitta and Sleshma, 7. Conjunction of Vata, Pitta and Sleshma, and 8. Accidents. The diagnosis of the various kinds of fevers are very important. The causes are "excessive indulgence in things which are dry, light and cold, emetics, purgatives, dry enemata, enuines, Physical exercises, suppression of the calls of nature, past acts which lead to violence or violent shocks, sexual correspondence, mental anxiety, grief, operations which cause loss of blood, waking in the night, disposition of the body in uncomfortable attitudes. By this the *Vata* (wind) in the body becomes excited, enters *Amasaya* (or that portion of the stomach where the food and drink enter in the first instance), there becomes mingled with the heat of the digestive fire overtaking in that state the food juice, which is the first product or result of food, and obstructs those ducts which bear the food juice and the sweat. It then affects the digestive fire and expelling the heat from the *pakvasaya* or that part of the stomach where digestion progresses causes it to spread over the whole body. It is then that fever is generated. These are the symptoms which appear of fever, caused by excited wind. They are inequality or irregularity in respect of its appearance and disappearance, inequality of the heat of the body, absence of steadiness of intensity or the reverse.

The time of exacerbation and of intensity of fevers caused by wind is after digestion at the close of the day or of the night, or at the close of summer. The nails, the eyes, the face, the urine, the stools, and the skin manifest a marked roughness and redness of hue. The whole body, besides, shows an exceedingly cracked appearance.

Many kinds of stationery and moving pains are also experienced in several parts of the body. These are—"A sensation of stupor or stupefaction of the feet. A sensation of the calves being strongly tied round with cords. A sensation of the knees,

indeed of all the joints being dislocated. A langour or excessive weaknees of the thighs.

"In the waist, the sides, the back, the shoulder joints, the arms, the shoulders and the chest, sensation of breaking, aching, pounding, crushing, cracking, pressing, and striking respectively.

"Stoppage of the functions of the jaw bones, Sounds within the ears, throbbing of the temporal bones, an astingent taste in the month or tastelessness. Dryness of mouth, palate and throat, Thirst, heaviness in the chest, as if it were pressed by heavy weight.

"Dry vomiting, dry cough, stoppage of sneezing, and eructations, inability to enjoy or discriminate the taste of any food, watery secretions from the mouth, disgust for food and drink, inability to digest, cheerfulness of both body and mind, constant yawning, inability to keep the head erect, tremours of shivering, exhaustion or fatigue, delirious, exclamations and talk, insomnia or sleeplessness, horripilation, tenderness of the teeth which generate an intolerance for acids." These are some of the symptoms of fever and the success of the doctor depends upon the exact diagnosis and tracing them to the real causes."

FEVER IN AYURVEDA

BY

ASHUTOSH ROY, L.M.S.

Hazaribagh.

—:o:—

(Continued from our last issue.)

(7) *Khetpapra combined with chireta*

Mustadi-kwath—contains besides the above two

Kur (*Aplotaxis Auriculata*)—stimulant, aromatic

Red Sandal wood—Fragrant, Sedative

Khaskhas—Fragrant, Sedative

Mutha (*C. Rotundus*)—diaphoretic

(8) *Khetpapra combined with katki**Ghana-chandanadi kwath*—contains besides the above two

Red Sandal Wood	}	—Fragrant, cooling
Khaskhas		
Bala (<i>P. odourata</i>)		
Palta (Leaf of <i>T. Dioica</i>)		—antibilious
Mutha (<i>C. Rotundus</i>)		—diaphoretic

Relieves burning, vomiting, anorexia, thirst and fever in Vayu-pitta derangement.

*Symptomatic treatment**Laxative—Triphaladi-kwath*—contains

Sondal (<i>cassia fistula</i>)	}	—Laxative
Triphala (the 3 myrobalums)		
Bark of root of Simul (<i>Bombax malaborum</i>)		—alterative
Rasna (<i>Acampe papillosa</i>)		—anodyne
Vasak (<i>A. vesica</i>)		—expectorant

To relieve burning

Glycerrhiza	}	—Laxative
Gambhari Phal (fruit of <i>Gruelina arborea</i>)		
Dried Raisins		
Three myrobalums		
Lotus—cooling, astringent		
Mohua—cooling, stimulant		
Red Sandal Wood—Fragrant, cooling		
Padam Kasta (<i>Prunus padam</i>)—fragrant, cooling		
Phalsa (<i>Greria Asiatica</i>)—slightly acid		
Hemidesmis	}	—alterative
Shyama lata (<i>Ichnocarpus fructans</i>)		
Lodhra (<i>Symplocos Racemosa</i>)		

Prepared with Kanji flavoured with "Chameli flower" to which are added Fried paddy (khali) and Honey.

This is food and medicine combined.

Food in vayu-pitta fever

Rice gruel with mug ka dal soup or pea soup medicated with embelic myrobalum or other drugs according to indication.

(2) *Vayu-kapha fever*

Kwath in the Niram stage which begins on the 9th day. Specific febrifuge are Gulancha, Khetpapra, Neem, Aconite, katki.

Analysis of prescriptions(1) *In which Gulancha is the only febrifuge*

A decoction of Gulancha with Pulv. pepper

Khudradi-kwath—contains besides GulanchaKantikari (*S. xanthocarpum*)—diuretic, antispasmodic,
expectorant

Dried ginger (sunth)—carminative

Long pepper—carminative

Sometimes a stimulant like

Kur (*aplotaxis auriculata*) is added to the above.(2) *In which Gulancha is combined with Nishinda and chireta**Kiratadi-kwath*—It contains besides the above twoKantikari (*S. xanthocarpum*)—Diuretic, antispasmodicRasna (*Acamp. papillosa*)—carminative

Dried ginger—carminative

Long pepper and its root—carminative

(3) *In which Gulancha is combined with Chireta**Nabanga-Kwath*—It contains besides the above twoMutha (*C. Rotundus*), Diuretic, diaphoretic

Sunth (Dried ginger), Carminative

Salpa-Panchamul, Specific for kapha''

(4) *In which khetpapra is the only febrifuge*

It contains besides khetpapra the following

Nata-karanja (*Guilandina Bonducella*)—antiperiodic,
antineuralgicBoeh (*acorus calamus*)

Coriandar

Sunth (Dried Ginger)

}—Carminatives

Bamanhati (*clerodendron Siphonanthus*)—relieves CoughKatphal (*myrica Sapida*)—relieves CoughMutha (*C. Rotundus*)—diuretic, diaphoreticDevdaru (*C. Deodara*)—diureticHaritaki (*C. myrobalum*)—Laxative(5) *Another allied preparation contains besides khetpapra and chireta*Boeh (*acorus calamus*)—Carminative

Coriandar—Carminative

Dried ginger—Carminative

Katphal—relieves Cough

Bamanhati—relieves Cough

Mutha—Diuretic

Devdaru—Diuretic

Haritaki—Laxative

Gandha Trina (andropogon citratis)—aromatic

(6) In which Aconite, Neem and Katki are the specific febrifuges

Pippalyadi kwath—contains besides the above three

Long pepper

Gaja pippali (scindapsus officinalis)

Dried ginger

Chai (Piper chava)

Renuka (Piper aurantiacum)

Cardamon

Ptychotis

White mustard

Caraway

—Carminatives

Lal chitra (plumbago Rosea)—stimulant

Bamanhati (C. siphonanthus) — good for cough

Indrajab (seed of H. antidysentrica)—astringent

Aknadi (Cissampelos Hexandra)—astringent

Murba (sanoveria zeylanica)—Laxative

The decoction is mixed with

Assafoetida—antiseptic, Nervine

fried in ghee (clarified butter)

It is useful in vāyu-kapha fever with anorexia, pain in the head and joint, cough, Headache etc.

(7) In which Aconite is mixed with Chireta and Akanda

Brihat pippalyadi kwath—contains besides Aconite

Long pepper and its root

Chai (Piper chava)

Dried Ginger

Boch (acorus calamus)

Caraway

Renuka (Piper auranticum)

White mustard

Black pepper

Nutmeg

Ptychotis

Bidanga (Embelia Riby)

Assafoetida

Chitra (Plumbago zeylanica)

Kur (Aplotaxis Aunculata)

Banjaman (Hyoseyamus Niger)—Nervine sedative

—Carminatives

—Stimulant

Chaturbhadra-kwath—contains besides Gulancha and chireta

Mutha (C. Rotundus)—diuretic, diaphoretic

Sunth (Dried ginger)—carminative

It relieves Kapha in particular.

Pathasaptak-kwath—contains the ingredients of Chaturbhadra-kwath plus

Aknadi (C. Hexandra) - Astringent

Bala (P. adourata)

Khaskhas

} Fragrant, antiseptic

It relieves fever with cough and diarrhoea.

(2) In which Gulancha is combined with Katki and the following drugs

The 3 myrobalams—Laxative

Khaskhas—aromatic

Vasak—expectorant

Bala Dumur (Ficus Hetrophila)—carminative.

Another preparation contains Gulancha and Katki is

Patoladi-kwath—It contains besides the above two

Palta (Leaf of T. Dioica)—antibilious

Red Sandal wood—aromatic

Aknadi (C. Hexandra)—astringent

Murba (S. zeylanica)—Laxative

(3) In which Gulancha is combined with Neem

Guduchyadi-kwath—contains besides the above two

Red Sandal wood—astrigent, aromatic

Padam Kasta (Prunus Padam)—Fragrant, antiseptic

Coriandar—carminative.

(4) In which Gulancha is combined with Neem and Katki

Amritastak-kwath—contains besides the above three,

Mutha (C. Rotundus)—diaphoretic and diuretic

Indrajaba (seed of H. antidysentrica)—astrigent

Dried Ginger—carminative

Red sandal wood—aromatic, astrigent

Palta (Leaf of Tricosanthus Dioica)—antibilious.

(5) In which Gulancha is combined with Katki and chireta

Kanthakarjadi-kwath—contains besides the above three

Kantikari (S. xanthocarpum)—diuretic, antispasmodic

Bamanhati (C. siphonanthus)—good in cough

Indrajaba (seed of H. antidysentrica)—astrigent

Dried ginger—carminative

Duralava (Alghai maurorum)—diuretic

Palta Leaf (T. Dioica)—antibilious

Red Sandal wood—aromatic, astringent

Mutha (C. Rotundus)—diuretic, diaphoretic.

(6) *Symptomatic combinations*

(a) *Vasak swarasa*—Expressed juice of vaśak

It is expectorant, good in kapha

(b) *Karsa-Katakī-Kalka*

It relieves pitta and Kapha

Paste of Katki (P. Kurroo) mixed with ghee,
sugar and hot water

It is a good drink.

(c) Astringent *Nagardi-kwath* which contains

Dried Ginger—carminative

Coriandar—carminative

Khaskhas—aromatic

Bala (P. odoureta)—aromatic

Bael—astringent

Mutha (C. Rotundus)—Diuretic and diaphoretic

Simul (Bombax malaborum)—astringent

Food in Kapha-pitta fever in Niram Stage

Rice gruel with dried ginger (excess of kapha) with Palta
Leaf and coriandar (excess of pitta)

COMPLICATIONS OF FEVER AND THEIR TREATMENT.

Ayurved had described ten complications of fevers as follows :

- (1) "Udara-dhyan" or tympanites
- (2) "Atisar" or Diarrhoea
- (3) "Vaman" or Vomiting
- (4) "Prolap" or Delirium
- (5) "Daha" or Burning
- (6) "Pipasa" or Thirst
- (7) "Kashi" or Cough
- (8) "Sarbangā-gata-sula" aches and pains over the entire body
- (9) "Sira-sula" or Headache
- (10) "Aruchi" or Anorexia.

(1) *Tympanites*

Hingastak churna—Trikatu (Long and Black pepper and ginger)

Caraway

Rock salt

Assafoetida—made into powder.

Śalpa-agnimukh churna—Assafoetida—relieves “vayu” in abdomen

Boeh (acorus calamus)	}	—Carminatives
Long Pepper		
Dried ginger		
Ptychotis ajowan		
C. myrobalum—Laxative	}	—stimulant
Root of Chitra (P. Rosa)		
Kur (aplotaxis auriculata)		

Indicated in tympanites with loss of appetite and constipation

Daru-shatak pralepa—

Devadaru (Cedrus deodara)
Boeh (Acorus calamus)
Kur (Aplotaxis Auriculata)
Jowan (Ptychotis ajowan)
Assafoetida
Rock Salt

The above six medicinss are pasted with “Kanji” (fermented rice water) and applied over the abdomen as paste.

Java-pralepa—Pulv. Barley and Potash carbonate are rubbed in whey and applied over the abdomen as paste.

(To be continued.)

Health and Hygiene

THE VITAL EFFECT OF DIET ON TEETH

‘A Well-fed Tooth Never Decays’.

CAUSES OF DENTAL DECAY.

Why are tooth troubles so common? What causes decayed teeth, sore gums and misshapen jaws with irregular teeth? Their causes are not definitely known, but the work of many investigators has given us several practical and valuable suggestions which will aid us to prevent them.

A child’s temporary teeth begin to develop at least six months before birth and are completely formed at birth, although they are not erupted until Baby is several months old. Since these teeth are made from the calcium and phosphorus and other mineral elements and dietary essentials circulating in the blood of the mother, the expectant mother’s diet should contain all the dietary factors.

There are twenty teeth in Baby's first set. The first ones to appear are the two lower central teeth which come through when Baby is from five to eight months old, then follow the four upper central teeth which should appear from the eighth to the twelfth month. As a general rule Baby should have six teeth when he is a year old, twelve when he is eighteen months old, sixteen at the age of two years, and a full set of twenty when he is two and a half years old. The time of the appearance of the teeth may vary due to a number of causes, among which are undernourishment, rickets, low vitality or a prolonged illness. They should be given care, however, from the moment they first appear, they should also be given exercise, which is easily done by giving Baby pieces of unsweetened zwieback or dry toast several times daily.

KEEPING THE TEETH CLEAN.

The child's teeth should be kept as clean as possible, this also applies to the permanent teeth, for no one is well groomed who does not have well-brushed teeth.

Children should be taught how to brush their teeth—it is not enough to give them a tooth brush and tooth paste, there is a right and a wrong way to brush them, and unless it is done correctly the movements may in great measure be wasted. The dentist is the logical person to teach a child how to brush his teeth. This makes another contact between the dentist and the child which assists in breaking down that "fear of the dentist."

Many parents believe that a child's first teeth are not very important except at teething time, and because they last for so short a period that it is useless to spend much time or money on their care. But it should be emphasized that the care of the first teeth is fully as important as the care of the second set because (1) the too early loss of these temporary teeth interferes with the growth and development of the jaws, causing irregularity of the second teeth; (2) decayed (infected) first teeth may cause injury to the second teeth which are developing at this time; and (3) it is only when the first teeth are well cared for that a baby learns to masticate its food thoroughly.

CAUSES OF DENTAL DECAY.

Statistics show that at the age of three nine out of ten children have few or no decayed teeth, whereas at the age of six nine out of ten children have several teeth which need attention badly. The belief that the temporary teeth do not need dental care may be largely responsible for the neglect of children's teeth during this pre-school period.

Dental decay is often spoken of as a disease of childhood because after the age of twenty to twenty-five years tooth decay is not so common. Briefly the cause of tooth decay has for many years been explained as follows: Food debris becomes packed in protected places on and about

the teeth. In this warmth, moisture and darkness bacteria thrive and produce from the carbohydrates (starches and sugars) lactic acid which dissolves out the lime salts of the enamels, and soon there develops the little rough hole known as a cavity.

Although we have been taught for many years that failure to keep the teeth clean and the presence of certain bacteria play an important role in the production of caries (tooth decay), studies of the past few years have shown that these two factors are not the whole story. Possibly there is no one cause of caries, there may be factors causing it, over which we have no control, such as glandular abnormalities. However, the work done at several laboratories and orphanages with respect to attention to diet and the supplement of it with the known instances, tooth troubles can be materially decreased by this means alone.

After birth there is an interval of at least two or three years during which the permanent teeth are forming. The diet of the child at this time is of very great importance if good teeth are to develop. It is unnecessary to follow special menus during this period because it is believed that if children are given milk (about a quart daily), eggs, vegetables, cereals and fruits supplemented with an abundance of the antiscorbutic vitamin, vitamin C (orange juice, lemon juice and tomato juice are excellent sources of this vitamin), and plenty of vitamin D (codliver oil, viosterol, ultra-violet light and sunshine supply this factor), all the materials are present which are necessary to make good bones and teeth. In other words, to develop good teeth, the same building material are required which are needed to build good bones.

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SOURCES OF VITAMIN D.

It has long been known that the jaws of rachitic children tend to be underdeveloped, the teeth to erupt late and in many instances to be poorly formed and as a rule to decay early. During the summer, children playing out of the doors clad only in sun-suits receive in most places generous amounts of vitamin D; babies given sun-baths also receive it, but it would be wise to ask your physician whether the sun-shine in your particular locality is a good source of vitamin D or whether this vitamin in some other form, such as viosterol, should also be given during the summer.

A number of investigators found that when children were given such foods as milk and eggs which contain, among other things, calcium and phosphorous, and an abundance of vitamin C supplied by a mixture of orange and lemon juices, and raw tomatoes and lettuce, as well as vitamin D from cod-liver oil, existing cavities did not decay further, nor did new ones develop during the several months the children were under observation. Adults have also been benefited by such dietary treatment; it appears likely that vitamin C is of greater

value than vitamin D in the prevention of diseases of the gums. Although this work has not been in progress long enough to state definitely just what the true explanation of the observations may be, nevertheless the results are of great practical importance. They stress the need not only of giving children the proper type of diet supplemented with vitamins C and D at the time the permanent teeth are forming, but also that adults should take a diet rich in these factors to assist in keeping their teeth and gums in good condition. Again we wish to emphasize that it is true economy for families to use liberal amounts of milk, because this food is the best and cheapest source of calcium and phosphorus, two mineral elements required in large amounts to build teeth and bones.

Although advanced scurvy is seldom found in children or adults at the present time, a number of workers on dental problems believe that mild scurvy may be responsible for some cases of inflamed gums with which dentists are so familiar because the liberal use of orange juice (one pint daily) gave marked relief to many patients. It requires considerably more vitamin C to keep the gums of experimental animals in a healthy condition than it does to prevent scurvy. We have not used the word "pyorrhea," because doubtless not every patient with sore gums has pyorrhea; if one has inflamed gums, a competent dentist should be consulted without delay.

Although tooth decay and sore gums have received much attention during recent months, these are not the only problems concerned with good dental hygiene. The dentist should watch a child's mouth to see that the position of the teeth is normal, because upon these two factors depends much of the beauty and symmetry of the face. When a child is between five and seven years of age, he acquires four very important permanent teeth, one on each side of the upper and lower jaws, located just back of the fifth baby teeth. Parents often do not recognize these teeth as permanent ones because they usually erupt without difficulty.

We have all heard the slogan, "A clean tooth never decays;" it is probably nearer the truth to say, "A well-fed tooth never decays."

Medical News and Notes.

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WORMS IN THE BRAIN.

A Marvel in Ayurvedic Treatment.

To the Editor,

Sir,—What may be called a marvel in Ayurvedic Treatment was recently achieved by a Kaviraj named Ram Kanta Roy Kabyavyakaran

Tirtha, Kaviratna. The son of one Khusi Sheik of Sadipur, a village in Rajshahi, got a very malignant headache. The pain was persistent and unbearable. The boy was placed under the treatment of doctors who were of opinion that it was a case of Neuralgia and tried upon the patient for a long time without success. Then the Raviraj was called in and he diagnosed it as a malady due to a kind of worms generated in the brain-pan from putrefied blood. Accordingly a medicine was applied on the patient's forehead and another medicine was given to him for inhalation. At this the nasal discharge of blood stopped and within fifteen minutes 202 worms of a deep brown colour fell down from the nose in quick successinn. Six more were similarly extricated a few days after. The boy has almost recovered. It will be interesting if any of our well-known doctors of Ayurvedic science further enlightens us on this phenomenon. I have seen the worms with my own eyes.

BARUN GUPTA B.A.,

Teacher, Sardah High School, Sardah, Rajshahi.

THE INDIGENOUS DRUGS AND THEIR ECONOMIC ASPECTS.

Indigenous Drugs includes not only the drugs which grow in a state of nature in this vast country but also those which are cultivated. It includes all drugs whether they are used in the indigenous systems of medicine or whether they are used in the Pharmacopoeias of various Western countries. A few words about the evolution of the present day indigenous drugs will interest you. In the first place there are the drugs used in the ancient Hindu medicine. The earliest mention of the medicinal use of plants is to be found in the Rig-veda which is one of the oldest repositories of human knowledge. In the Ayurveda and two well-known works which followed it, there is to be found a remarkable description of the Materia Medica as it was known to the ancient Hindus. Researches by the Western scholars have shown that during the few centuries preceding the Christian Era, the Indian medicine was at its zenith and the knowledge of Hindu physicians of that time in the domain of drug therapy and toxicology was far in advance of the others. They made an immense study of the properties of every product of the soil and systematically devoted their attention to the study of disease and its treatment with drugs. There is evidence that the Greeks and the Romans took great interest in the Indian drugs. Though surgery declined to a great extent during the Buddhistic period, medicine made progress. It was during this period that a large number of valuable drugs was added to the already extensive Materia Medica and the drugs were systematically cultivated and investigated.

After the invasion of India by the Greeks, Scythians and Mohammedans successfully, the Hindu medicine rapidly declined leaving behind a rich *Materia Medica*.

With the coming of the Muslim conquerors the decline was even more rapid. The invaders brought with them their own healing system which was well-advanced for that period. Professor Brown in his lectures on Arabian medicine delivered before the Royal College of Physicians of London some years ago showed that the Arab alchemists, in search of the Philosopher's stone and the Elixir of life, made many real discoveries as is shown by such words as alcohol, alembic and the like. There appears to be no doubt that it was in the domain of chemistry and *Materia Medica* that the Arabs added most to the body of the scientific knowledge which they originally inherited from the Greeks. The Mohammedan system of medicine thus brought with it a rich store of its own *Materia Medica*, quite unknown to the country.

The Arabian or the Mohammedan medicine prevalent during the reign of the Pathan and the Moghul dynasties did not make much progress and with the fall of the Moghuls it rapidly decayed. During the intimate contact between the old Hindu and the Arabian systems of medicine which lasted for centuries there was a great deal of intermingling and each utilised the *Materia Medica* of the other. The result was that, though both the systems had declined, a rich store of the combined *Materia Medica* was left behind. When the British rule was established, the Western system was introduced and it was primarily intended to give relief to those who administered the country. There being no proper system of medical relief at that time, the newly introduced system—Western system—found its way among the people and was welcomed by them. The appreciation and the demand for it extended all over the country, especially as the surgical achievements appealed strongly to the people. It also brought with it its own *Materia Medica* and there was further intermingling, and also the introduction of new medical plants into the country. A combination of all the drugs from the three sources together forms the Indigenous Drugs with which we are concerned to-day.

The Indian systems of medicine have been thought to be a rich mine of knowledge from which many useful things might possibly be unearthed. There is no doubt that out of a large number of drugs used by the indigenous medicine for centuries past and still in use, there may be many that deserve the reputation they have earned as cures. History shows us that many of our important pharmacopoeial drugs were known and were also used in some form or other long before they were introduced into the Western medicine and before their actions were investigated on scientific lines. On the other hand there are sure to be others of little

therapeutic value, that are given only because they are mentioned in some old manuscripts and no one has taken the trouble to confirm the truth of these statements. Attempt must be made to separate the good ones from the useless ones, and for this a systematic investigation of drugs must be undertaken. The scientific mind is not satisfied by mere statements, no matter from what source they originate, unless corroborated by clinical and experimental evidence. This course necessitates careful work, which means laborious study. The active principles responsible for the therapeutic action have to be isolated and worked out. The way in which the effect is brought about and the manner in which the important organs of the body are affected have to be determined by animal experiments. Then comes the question of making suitable preparations, and as to how to preserve them, so that their employment is independent of climatic and seasonal variations. The standardisation of drugs and preparations by chemical and biological methods of assay is an important factor to secure therapeutic uniformity so that the amount of active principle in each dose is not subjected to irregular variations. These variations for obvious reasons are most undesirable, and may do more harm than good, especially when one is dealing with potent drugs. Fresh juices and decoctions may be efficacious but for all practical purposes their utility must necessarily be limited. Until these drugs are investigated on rational lines their use by the profession in India must be restricted, while other countries not bound by these traditions will use them only when the case is proved as to their utility.

Much more could be done in furthering the cause of indigenous medicine and making it really useful to the people in this country by a thorough study of the indigenous drugs than by wholesale revivals of the old systems under vastly changed environments. The active and useful drugs should be separated from those which are inactive and worthless and they should be brought into use for relieving the sufferings of the vast masses of humanity in this country. The economic condition of the people is so poor that many of them cannot afford to use the expensive medicines of the Western system. The result is that the majority of the ryots have either to go without any medicine or rely on the crude drugs sold in the bazaar, many of which are active, yet many others have not the therapeutical activity they are alleged to have.

A careful survey of the literature on indigenous drugs showed that investigations on such lines were not carried out. Most of the older literature deals with the botanical aspects of medicinal plants. Later on attempts were made to chemically analyse many drugs and carry out clinical trials.

Admirable as all these attempts were, yet the pharmacology of most of the indigenous remedies remained an unexplored field till recently. The reason of this is not far to seek. Investigations of this nature require a

considerable outlay of money in the form of well-equipped chemical and pharmacological laboratories; and a liberal staff of competent chemists and pharmacologists is also essential. Medicine is now intimately related to chemistry, and the ultimate solution of most problems, whether physiological or biological, rests on some physical or chemical basis. The time and labour required to work out the chemical composition of a single drug are enormous. This may be judged from the fact that would take an experienced chemist several months, perhaps a year or more, to isolate in a pure state and roughly estimate the nature of the different chemical constituents of a single crude drug. The determination of the chemical constitution of the active principles concerned would take considerably longer period, provided the chemist devoted his time entirely to one active principle. The isolation of a sufficient quantity of the active principles and testing them pharmacologically would take several months.

The situation must, however, be faced. As the action of these drugs or their active principle can only be established by a careful chemical, pharmacological and clinical study, the investigation of all the three aspects should be carried on side by side. The experimental work on the pharmacological side can be done only in laboratories well-equipped with all modern appliances. None existed in this country to enable one to do the work till the Calcutta School of Tropical Medicine was established in 1921. For the first time in the history of India, a chair in experimental Pharmacology was established, one of the main duties of the incumbent being investigation of the indigenous drugs on scientific lines. The chemical department of this institution has a team of experienced chemists who work out the chemical composition of drugs, isolate their active principles, and hand them over to the pharmacologist for determination of their action on animal organism. The clinical testing of the drug is made possible by the Carmichael Hospital of Tropical diseases, a purely research hospital attached to this institution. In this way it has been possible to go through a number of drugs in all the phases of their investigation, *i.e.*, from the isolation of their active principles to the testing of their action on animals and finally making suitable preparations for trial on patients and recording the results of such therapeutic trials.

Three main aspects of the problem.—After a careful survey of the Indian Medicinal Plants, three aspects of the problem forcibly presented themselves from scientific as well as economic points of view. The research on indigenous drugs initiated by us at the Calcutta School of Tropical Medicine was, therefore, undertaken with three main objects in view.

1. (1) To make India self-supporting by enabling her to utilise the drugs produced in the country, and by manufacturing them in a form suitable for administration.

(2) To discover remedies from the claims of the indigenous medicine—Ayurvedic, Tibbi and others, so as to be employed by the exponents of Western medicine.

(3) To discover the means of effecting economy, so that the medicinal remedies can come within the means of the great masses in India whose economic condition is very low.

The first proposition is likely to lead to great results, because a large number of drugs which grow in this country are known both to Eastern and Western medicine and the properties and actions in many cases are not unknown. The research here might with advantage be diverted into main channels. Firstly there are many drugs of established therapeutic value which are in use in the pharmacopœias of different countries. The majority of this grow wild and in great abundance in many parts of India and a certain number are even cultivated. Some of these are collected and exported, though an infinitesimal fraction of the quantity produced, to foreign countries, and come back to us in the form of standardised pharmaceutical preparations and active principles in pure condition, probably at a price a hundredfold of the original crude product. A host of others grow, mature and eventually die without being put to any use whatsoever. There are numerous examples but a few will suffice to illustrate the possibilities of their development.

Atropa Belladonna grows in great abundance in a state of nature in the Himalayan ranges from Simla to Kashmere, at an altitude of 6,000 to 12,000 feet above the sea level. Large quantities of the root are collected in Hazara district of North-Western Frontier and during recent years have been exported to Europe and America. *Hyoscyamus niger* is a native of the temperate Himalayas at an altitude of 6,000 to 10,000 feet and a good quantity of the drug can also be grown in the plains of the Punjab. A number of species of *Menthe*, *Aconite*, and *Juniper* grow all over the Himalayas; *Juniper communis* occurs abundantly in some parts of Kashmere. *Valerian Indica* can be found in large quantities in Kashmere and Bhutan. A number of varieties of *Artemesia* grows in the northern Himalayas and the mountain ranges of North-Western Frontier and santonin bearing *Artemesia brevifolia* grows abundantly in Kashmere and in the Kurrum Valley. A very good quality of *Pollophyllum emodi* is found within the higher shady temperate forest of the Himalayas from Sikkim to Kashmere at a height of 6,000 to 7,000 feet. The forest Department has now taken up its cultivation in the Punjab, United Provinces and North-Western Frontier Province.

Besides these there are a number of pharmacopœial drugs which are widely used by the medical profession, but which do not naturally grow in the country. They do very well, however, when they are

cultivated under proper conditions in suitable parts of the country. Examples of such drugs are numerous but a few of the important ones such as *digitalis*, *ippecacuanha*, *eucalyptus*, *cinchona*, *jalap*, etc., may be cited. They were introduced into India many years ago and are growing well. On account of the great demand for these drugs their production in this country would be of some economic importance, especially in view of the gradual extension of the Western medicine among the masses. India possesses most wonderful variability so far as the temperature and general climatic conditions are concerned and every conceivable drug ranging from those growing in the hottest tropical and damp climates to those growing in dry, temperate and very cold climates can be grown and acclimatised in some part or other. From the geological point of view also every grade of soil from alluvial deposits to hard rocky formation and sandy deserts are met with. Professor Greenish of the London School of Pharmacy rightly said that "India, owing to the remarkable variations she possesses of climate, altitude and soil, is in a position to produce successfully every variety of medicinal herb required by Europe."

It should be remembered, however, that the soil, the season and the gathering time are some of the important variable factors with plants, and it can hardly be expected that the amount of active constituents would be constant under all conditions. In some cases the quality is good and constant, but in the majority of instances the percentage composition of the active principles has yet to be determined by careful methods of chemical and biological assay, to show that these remedies growing in a state of nature, are as good in quality as those of imported varieties. If they do not come up to the required standard, the best method of bringing them into general use by improving the quality of the active principles by suitable cultivation in parts of the country where this can be done economically, has yet to be determined.

Secondly, a large number of plants grow in India which, though not exactly the same, have similar properties and actions resembling the imported and often expensive remedies, and would form excellent substitutes. Not infrequently it is some closely allied species which is pharmacologically just as active. That many such plants do exist there is very little doubt, but since no effort has been made to work out their medicinal properties on scientific lines, or to confirm the work already done, there appears to be a great deal of uncertainty about their action. Unless this is done, it can hardly be expected that they will be taken into use by the profession, in place of more certain and tried remedies. There are numerous examples but a few may be cited. *Colchicum autumnale* Baker grows on the slopes of the western temperate Himalayas and would form an excellent substitute for the official *C. autumnale*. *Scilla indica* grows extensively in the sea-coast and on the

drier hills of the lower Himalayas and the salt range and would make a good substitute for *S. maritima*. *Ferula narthex* from which a gum resin resembling asafoetida can be obtained in Kashmere. The properties of *Picrasma quassioides* and *Gentian kurro* resembles those of *Picrasma excelsa* and *Gentian lutea* of the British Pharmacopoeia respectively.

In both these groups there is an enormous field for research and development. If these drugs are investigated, their active ingredients recognised, their percentage composition determined, their action established and standardised and pharmaceutical preparations manufactured, the economic benefit will be immense to the country.

The economic importance of the first proposition can only be fully appreciated by studying the position of the drug trade of India. A study of the figures of the total values of imports and exports during the last 25 years brings out some remarkable facts. For the purposes of comparison I have put them in the form of a graph,* the upper curve representing the import and the lower curve giving the export figures. Apart from the peaks and depressions at various points, the curves show a gradual tendency to rise, thereby indicating that both the import and export trades have considerably increased during the last 20 years. Thus in the year 1908-09 the value of drugs exported from India amounted to Rs. 15.5 lacs against imports which amounted to Rs. 73 lacs. In the year 1928-29 the export and import value of drugs were respectively 42 lacs and 200 lacs. This shows the remarkable extent to which the trade has increased and at first sight this would appear to be a very satisfactory state of affairs. A closer scrutiny, however, reveals that the imports are, proportionately very much larger than the exports. This means that while much raw material is going out of the country, very considerable quantities of refined preparations manufactured in foreign countries are coming into the Indian market.

If we now go a little more into details and study the reasons for the large excess of import over exports, we are struck by the fact that most of the imported drugs are standardised pharmacopoeial preparations such as galenicals and purified alkaloids in many cases manufactured from the similar drugs that have been exported. Besides these, there is a large import of proprietary or patent preparations.

A perusal of table II* shows that over 100.9 lacs worth of the former group under the heading of other sort "of drugs and medicines" and 42.8 lacs worth of the proprietary preparations were imported in 1928-29. The proprietary and patent medicines have shown a phenomenal increase during the last five years, i.e., from about 25.0 lacs have increased to 42.3 lacs. This shows the increasing extent to which the Indian market

* These are omitted here

is being exploited by the manufacturers of these remedies. The figures showing pharmacopoeial preparations and chemicals have risen from 87.8 lacs to 114.3 lacs in 1927-28 but show a slight decrease to 100.9 lacs in 1928-29. The import drug trade taking all round shows a definite and marked increase during the last five years, *i.e.*, from about 25 lacs has increased to 42.2 lacs. This shows the increasing extent to which the Indian market is being exploited by the manufacturers of the remedies. The other items of interest in this table are camphor, whose import is steadily on the increase and quinine salts which have been showing some fluctuation but on the whole show an appreciable increase.

The most outstanding figures in export table III are those under the heading "Total. Drugs and Medicines" which show a steady increase from 35.8 lacs to 41.6 lacs during the last five years. This may at first sight appear to be promising, but for the much larger increase in value of prepared drugs imported.

It will be seen that all these drugs in crude forms are annually exported from India to foreign countries at a nominal price, are utilised in various medical and allied industries and a portion of them at any rate is returned to India in the form of expensive preparations. The finished products naturally fetch considerably higher prices and hence the increase in the export revenues only shows to what an extent the Indian raw materials are being utilised by the drug manufacturers of other countries to their own benefit.

The second proposition of popularising and introducing new drugs to Western medicine is a more difficult problem. Since the period of decay and recompilation many of the effective remedies were lost and a number of uncertain ones came in. The result is that in the indigenous systems at the present time also, every plant and shrub growing in the country has ascribed to it some medicinal property. These beliefs, in some cases, originate from the teaching of the ancient commentators and are based on clinical data, but in others there is nothing reliable. Their introduction was empirical and often a drug was used simply because a single case happened to have derived some benefit from it. In this way remedies have multiplied without proof but by belief, and as they hail from all parts of India, no one seems to have a correct notion about their uses and properties. The employment of a large number of them would thus appear, as in Western medicine, to have been based on empirical evidence that has been handed down from generation to generation. A thorough and complete research into all these drugs would occupy the life-long work of innumerable chemists, pharmacologists and physicians. For practical purposes, the method adopted has been to make use of the experience of the exponents of those systems. Further we are taking up those drugs which have great local reputation for investigation before touching the less reputed reme-

dies. Besides, many of these drugs have been clinically tried by some of the medical men practising Western medicine and who have expressed their opinion regarding their efficacy and this has also been helpful to us in the selection of drugs to be investigated

Dr. Koman of Madras some years ago made a clinical study of the medicinal properties of a large number of the indigenous drugs. According to him a number of drugs were of value when tried on patients but he recommends that further research on scientific lines is necessary before they can be recommended for universal adoption.

A retrospect of results achieved—The investigation of drugs used in the indigenous medicine was started nearly a decade ago and much has been accomplished during this short space of time. A number of important medicinal plants prescribed by the practitioners of the indigenous systems have been carefully investigated from every point of view and the results have been published from time to time. Their chemical composition has been determined, the pharmacological action of the active principles worked out by animal experimentation and finally suitable preparations made from the drugs have been tested on patients in the hospital. It is only by such a thorough enquiry that the real merits of these drugs can be proved and a demand created for them not only in India but in other parts of the world as well. This laborious work has brought out the merits and qualities of certain drugs and it has been shown that they may prove to be very useful additions to the present armamentarium of the medical men to relieve the sufferings of humanity, if they are taken into general use. Such drugs unfortunately are not many. A large number of those examined showed a certain amount of activity but were not found to be superior, in fact in many cases are not nearly so efficacious, as the drugs already possessed by the pharmacopoeias. A third group of these drugs comprised of those remedies which although largely used in the indigenous medicine were found to have little or no activity whatever.

The third and the last proposition is to effect economy, so that these remedies may reach the masses. This is only possible if the price of the drugs be considerably reduced, for in a poor country like India, there are millions of people who cannot afford any kind of treatment whether cheap or expensive and have consequently to depend upon charitable medical relief institutions. The cost of drugs is so heavy that most of these institutions, which have only a limited annual budget for drugs, are not able to cope with the demand for such common and essential drugs as quinine, castor oil, magnesia, etc., to say nothing about the expensive medicines which are sometimes necessary.

The only way in which drugs can be cheapened and brought within the means of the masses is to utilise the local resources and substitute the indigenous products for the more expensive imported preparations

of the Western medicine. This can be done by encouraging the production, collection and manufacture of the local *Materia Medica*, by preparing pharmaceutical preparations in a systematic manner. By local production and substituting equally potent drugs of Indian origin for imported drugs, the cost of treatment can be considerably reduced. We have already made reference to these remedies and the possibilities of their development. Their active principles can be isolated, and standardised preparations such as tinctures, extracts, powders, etc. can be prepared without difficulty with inexpensive apparatus. If this is done on a large scale it will be possible not only to save the seaborne freight but many other charges. Crude drugs, we have pointed out, are exported from India at a very low price and are reimported in many cases in the form of refined, standardised preparations at many times their original price. Carriage and freight charges to and from the port of import and export have to be considered at both ends. The actual seaborne freight may not be much but the insurance charges, agents' commissions, export and import custom duty and excise duty on alcoholic preparations greatly increase the price to beyond the means of the ordinary ryot in India, as the consumer must eventually pay all these charges. Besides that, owing to cheapness of labour in this country, enormous reduction in the cost of manufacture could in all probability be effected.

Secondly by using crude drugs and preparations the cost of treatment could be considerably reduced. The utility of the Western medicine to the masses in India has been limited by reason of its costliness. Its further progress, in spite of all efforts that are being made, is being hampered for economic reasons. Because of the poor returns of agriculture and the small wage earning capacity of the people, those who desire can afford only the cheapest remedies and treatment. As long as the economic conditions of India remain as they are at the present time, so long will the average villager demand, and very naturally too, something within his means *i.e.*, medical advice costing a few annas and the treatment costing less. The separation and purifying of the active principles from drugs or making standardised preparations naturally involve a considerably additional expense. A great many of the maladies of every day-life for which drugs are used are of a minor nature. Many of the crude drugs available in the bazars if intelligently used are very nearly as efficacious as the refined preparations, and the substitution of such cheap products is bound to bring down the cost of treatment to a minimum. Crude vegetable purgatives are often as effective as the elaborated products. Economy can also be effected in many of the most widely used drugs in this country and many examples can be cited. For many years, quinine was separated from the total alkaloids of cinchona bark under the impression that it was the only

effective alkaloid against malarial infections. The isolation and refining of this alkaloid naturally made it more expensive. The researches of Acton, McGilchrist and Fletcher have conclusively shown that the other three of the main alkaloids occurring in the bark are also effective against this one of the most widespread of all diseases in the tropics. The total alkaloids of the bark in the form of cinchona febrifuge, therefore, were extensively tried and after careful observations have been found to be quite as effective as the purified quinine itself. During the war the price of quinine went up to Rs. 55 per pound and, although it has come down considerably of late years, it is still fairly high. The result is that most of the hospitals and dispensaries in the mofussil, who have got a limited annual budget can only afford a limited quantity of this important and essential drug, which is quite inadequate to meet the demand. In order to supply quinine, the supply of other, often important drugs has to be curtailed. The substitution of the total crude alkaloids (cinchona febrifuge) in place of purified quinine has not only effected a great saving (large quantities of quinine salts are being imported) but has done much to bring the treatment of malaria within the means of the poor, thus alleviating the sufferings caused by this one of the most universal and incapacitating of all diseases in this country. The total alkaloids of ipecacuanha have also been shown to be nearly as effective against amoebiasis, which is also very prevalent in this country, as pure emetine. Then again in the case of *H. antidyentrica* it has been found that the total alkaloids and the galenical preparations, made from the bark are better than purified conessine. The tincture, made from *Ephedra vulgaris*, introduced by the author, is just as effective in the treatment of asthma, cardiac failure, etc., as the very expensive alkaloid ephedrine. Such examples may be multiplied. It should be possible to prepare tables from many of the indigenous drugs which could be sold at a very cheap price. Attention to this subject is of great importance to this country, because economy and low cost of advice and treatment are of paramount importance to any plan of medical relief that can hope to succeed in our country.

The resources of India are vast and inexhaustible and it can be said without any exaggeration that India can supply the whole of the civilized world with medicinal herbs. Leaving aside the drugs used in the indigenous systems for the moment, whose therapeutic value has not been investigated, in the majority of instances on scientific lines, most of the pharmacopoeial drugs grow in great abundance and a careful survey of medicinal plants growing in India is in progress, and it is shown that $\frac{2}{3}$ of the pharmacopoeia are found to grow in some part of India or other.—Lecture by Lt. Col. R. N. Chopra.

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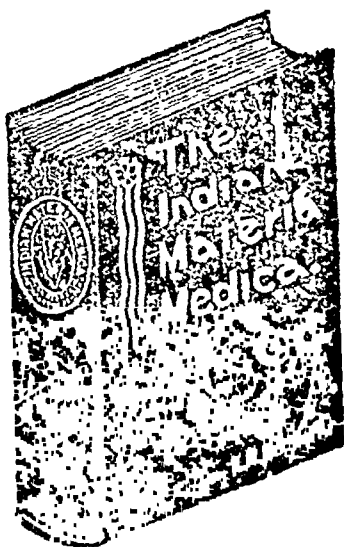
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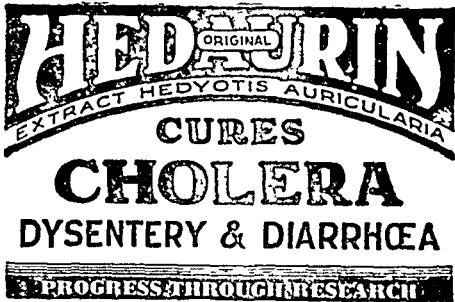
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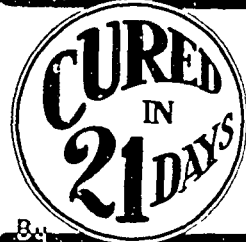
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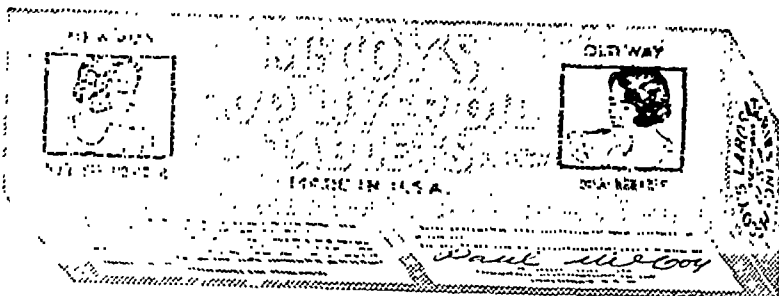
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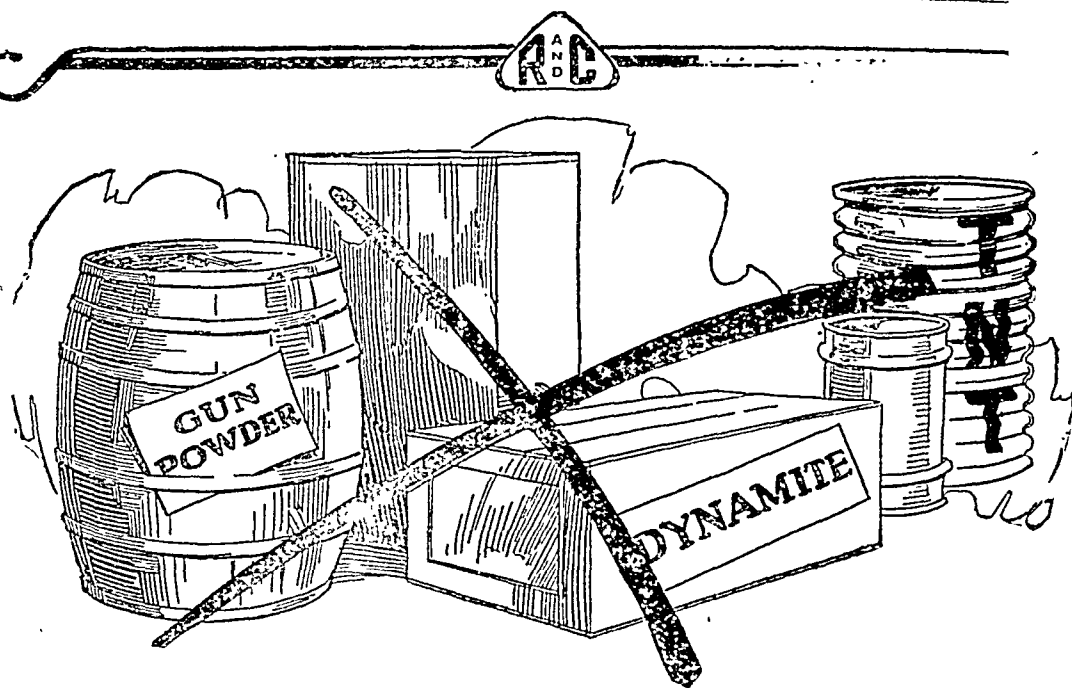
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The Science of Medicine

The word Science means a collection of systematized knowledge. Knowledge of any subject is always shorter than truth and as such science itself is always imperfect. The science of medicine is thus a system of knowledge about health and disease. As is the case with other sciences, Medical science is also imperfect. This is why there are extant so many schools of medical science.

Men like other animals are born and are destined to stay in Nature. However great the position man may attain, he cannot totally ignore nature. The real progress of him is in his spontaneous struggle with unagreeable influences of nature and he attains the highest perfection possible to mankind when he is successful in conquering and harmonising the different and apparently disagreeable influences of nature. But man cannot live outside nature ; he has got to live in nature and be influenced by her in his daily walk and is thus constantly in struggle.

The science of medicine tries to find out ways and means to harmonise the above said different influences of nature and thus ameliorate the worries of man during his struggle with nature. As already mentioned, there are different schools of medical science with different methods to solve this eternal problem of health and disease. The medical science is as old as the man himself because health is eternally wedded to disease. In the primitive stage, the science was also very crude and medicine did not go beyond the use of a few herbs. With the progress of civilisation, the primitive

life of man became more and more complex, with the result that he tried to ignore nature and live outside her influence, thereby creating for himself an artificial world where disease or rather revenge of nature is always threatening him. Thus at the present time, diseases are more numerous and more complicated than those of ancient times. The science of medicine therefore had to make a great progress in order to cope with the situation. The Allopathic system of medicine (Scientific system of Medicine) tries to solve the question by experiment and research. The followers of this system attribute diseases to some pathogenic organism or Bacteria and try to find out medicines to kill them. The method sounds quite rational but on examination some flaws will become very prominent. The disease-germs that are powerful enough to overpower the natural protective elements of the human system are no doubt very strong and it is but natural that very strong medicines are to be used to kill these strong germs. The diseased system, already weakened by the attack of an acute disease, may become weaker or sometimes may totally collapse when, under the influence of such strong medicines. Again there are some mysterious diseases of which the positive germs are still to be found out. Treatment of these diseases according to this system is therefore unscientific.

The Homœopathy, a new born science, teaches us to treat diseases symptomatically. Homœopaths do not care much for the Bacteria and attribute diseases to three principles: Psora, Psychosis and Syphilis. According to them, acute diseases may be treated by observation of symptoms, but chronic or subacute diseases should be treated according to the three principles named.

The Ayurvedists or the followers of Hindu system of medicine attribute diseases to "मिथ्याहारविहारम्" i.e. incompatible diet and behaviour against codes of health. On the other hand, they do not ignore bacteria or

treatment by contrary as is the case with the Allopaths. But their superiority over the Allopaths lies in the fact that although some diseases are caused by Bacteria according to them they do not hold Bacteria to be solely responsible for the diseases. They hold that Bacteria is one of the factors causing the diseases. Accordingly, they do not try to kill the bacteria but they treat the individual body itself. Their treatment consists in their making the body impossible for the Bacteria to stay or grow, so that their treatment is more human and less risky. Besides this, their whole science is based on the firm rock of Tridosha Theory and they have never had any reason to change same like the votaries of the scientific system. The Homœopaths have also got a very great benefit from Ayurvedists in so far as their dilution and trituration of medicines are concerned. The use of metals in all the systems of medicine has also been introduced by Ayurveda. The broad outlook of the Ayurvedists will be acknowledged by everybody when he comes across the following line at the very beginning of Charak Samhita, the Pioneer Work in Ayurved :—

“तदेव युक्तं भैषज्यं यदारोग्याय कल्पते।”

That which cures a disease is the right medicine.

The Arabian or Unani System of medicine is closely allied to Ayurveda, but lacks in the latter's broad outlook and scientific basis, the Materia Medica portion only corresponding closely to that of the former. Recently, in some countries Naturopathy or healing art according to principles of nature is gaining popularity. The followers of this system try to treat diseases in natural ways by the administration of water, sun light and pure air. They hold that diseases are caused by man's violation of the laws of nature and as such treatment should consist of adjustment of those laws. They use very little drugs and the few drugs they use are mostly herbs. This system may thus be considered as an offshoot of the great

Ayurvedic system which teaches how to lead life in agreement with nature, such as दिनचर्या, ऋतुचर्या etc.

In conclusion, it is our duty to sound a note of warning to the followers of all the different systems against vilifying each other. Medical science, after all, is not perfect and science is not a monopoly of a particular sect or person. Every physician, whatever may be his calling, tries to cure his patient according to his science or method. Success in curing a patient is not always the criterion of a good physician, because cure rests on many factors besides the skill of the physician. The skill of a physician consists in ameliorating the symptoms of the disease and giving relief to the patient as far as practicable, the ultimate result lying with the resisting power of the patient and the will of God. Every system of medicine has got its own principles and the votaries of them try to follow these in their practice. There may be shortcomings and imperfections but that do not take away the merit of the system. The real system of medicine should be one, unifying all these different schools and thereby forming a united system in which all the good things of all the schools should be given place, so that this united system may be more perfect than the disjointed individual sciences. This will also put a stop to all unpalatable criticisms and ill-words that are used every day against each other.

H. N. C.

Original Articles

FEVER IN AYURVEDA

BY

ASHUTOSH ROY, L.M.S.

Hazaribagh.

(Continued from our last issue)

(2) *Diarrhœa*

Siddha-Praneswar-Rasa—Mercury, Sulphur, Mica, Potash Nitras, Borax, Potash carbonate.

The 5 salts or *Pancha Laban*—(Black salt, Rock salt, Sambhar salt, Sonchal salt and sundried sea-salt)

The 3 myrobalums or "*Triphala*"—(Chebulic, Beluric and Embelic myrobalums)

The 3 carminatives or "*Trikatu*"—(Long and Black pepper and Ginger)

Assafoetida

The 2 varieties of jira (caraway)—*Ptychotis ajowan*
Kurchi (*H. antidysentrica*)

Chitra (*P. Rosea*)

Bidanga (*Embelia Ribes*)—anthelmentic

Sulpha (*Peucedanum Graveolens*)

NOTE—If there is much vomiting give instead of *Assafoetida* "*Sathi*" (*Curcuma Zeodaria*.)

Adjunct—with juice of *Mutha* (*C. Rotundus*), if diarrhœa with "*Pitta*" or stools are bright yellow and excessively bile-stained. With pulv caraway and honey if slight diarrhœa with tympanites.

The dose is to be gradually reduced as the looseness of the stools progressively subsides.

Praneswar Rasa.—Mercury, Sulphur, Mica, Borax, Potash carbonate, the five salts.

Caraway, *Ptychotis ajowan*,

Kurchi (*H. Antidysentrica*).

Chitra (P. Rosea).

Vidanga (E. Ribes).

"Sulpha-Sag" (Peucedanum Graveoleus).

Dhania (Resin of shorea robusta).

Adjunct—Mutha (C. Rotundus) and honey
or Pulv caraway and honey.

Sarbanga-Sundar or Maha-Gandhak—"Kajjali" (made of mercury and sulphur).

Nutmeg, Cloves, Cardamon.

Nim (M. Azadirachta).

Nishinda (V. Negendo).

It is useful in diarrhœa, dysentery and mucous diarrhœa, specially good in suckling children, in children in general and in women after delivery.

Adjunct—In mucous diarrhœa, with fried pulv caraway and honey or with burnt "Bael" fruit and old Treacle.
In dysentery—with sugar of plantain and juice of pomegranate.

(3) Vomiting and Nausea.

Pippalyadya Louha.—Prepared Iron, Long Pepper, Embelic myrobalum

Raisins, Glycerrhiza, Sugar

Inside of Seed of "Kul" (plum—Zigyphus jujuba)

Bidanga (Embelia Ribes)

Kur (Aplotaxis auriculata).

It is useful in fever accompanied with severe nausea, in nausea due to worms in the abdomen, in hiccough with nausea, in bilious vomiting (not so good in vomiting for Indigestion).

Adjunct—Inside of seed of "Sosha" (cucumis sativus) and human milk.

Chandra Kanti Rasa.—Makaradhwaj mixed with
Young flower of Chalta (Dillenia Indica)
Inside of seed of Kul (Indian plum)

Indicated in vomiting with diarrhœa

Adjunct—Human milk and inside of seed of plum

Swarna-matsandi—Gold and silver, Pearl and Coral, Mica and
Iron, Makaradhwaj and Sugar-Candy

Adjunct—Inside of seed of "Sosha" (C. sativa)

Krimi-nasak-joga—Pith of inside of “Khejur” tree (date palm)
with “misri” (sugar candy)

For vomiting of worms.

Chardi-hara-joga—burnt ash of dried bark of Pepl tree (*Ficus Religiosa*) relieves Hiccough with vomiting.

(4) *Dilirium*

Siddha-bati—powder of bark of *Ficus Religiosa* (“Aswatha”),
of *spondias mangifera* (“Amra”)

Makaradhwaj

Seed of Dhatura

Rubbed with ginger juice

Adjunct—Honey and ginger juice.

Pirolap-Nibartak—opium and camphor mixed into pill.

(5) *Burning*

Daha-manjari—Mercury, Sulphur, Red Sandal Wood,

Kurchi (*H. antidysentrica*)

Katki (*P. Kurrooa*)

Indicated in burning due to excess of “Pitta” derangement,
after severe menorrhagia, in burning of sannipat fever.

The medicine should be stopped when diarrhœa sets in.

Dahantak-Louha—

Red Sandal Wood.

Inside of seed of “kul” (Indian plum)

Bhringaraj (*Wedalia calendulaceæ*)

Sugar from cane

Iron

Kurchi (*H. antidysentrica*)

Rubbed with juice of “Bhringaraj” (*W. calendulaceæ*)

Indicated in burning of “pitta,” “vayu-pitta” fevers accom-
panied with vomiting, diarrhœa and loss of conscious-
ness.

Contraindicated if “Kapha” is excessively deranged.

Daha-hara-lep—paste of the following to be applied

Priyangu (*Aglaia Roxburgiana*)

Lodhra (*symplocos Racemosa*)

Khas-khas (*Andropogon Khaskhas*)

Pollen of flower of “Nag-kesar” (*mesua fera*)

Tejpatra (*cinnamum Tamella*)

Kaibarta-motha (*Hexastochus Roxburghi*)

(6) *Thirst**Sadanga paniya—*

“Mutha” (tubers of *C. Rotundus*)

“Khetpapa” (*oldendalia corymbosa*)

Red Sandal wood

Root of Khas-khas

“Bala” (*Pavonia odouretta*)

“Sunth” (dried ginger)

Made into decoction—It relieves both thirst and bodyheat

Trishna-hara-joga—

Pulv. fried paddy (“Khai”) with hot water and honey to keep inside mouth repeatedly.

Raisins, Red Sandal wood, Date and Khas-khas to be put in hot water and strained and a little honey added.

Coriandar crushed and dissolved in lukewarm water for 3 hours, strained and a little sugar added.

(7) *Cough*

In cough associated with headache, the best adjunct is ginger juice and honey.

Kasantak-Rasa—mercury, sulphur, aconite, coriandar, salpani (*Desmodium Gangeticum*), Pulv. Black pepper and water.

Adjunct—with ginger juice and honey if cough is slight.

Kas-Kuthar—mercury (from “Hingul”) sulphur, Borax

“Trikatu” (3 pungents)

Made into pills with water

Adjunct—Juice of “vasak” leaf and honey or Juice of “Tulsi” (*occimum gratissimum*) and Rock salt.

Chandramrita-Rasa—

Mercury, Sulphur, Iron, Borax,

“Trikatu,” “Triphala”,

Piper chava, coriandar, caraway,

Rock salt mixed with goat's milk.

Indicated in dry hacking cough

Adjunct—Juice of betel leaf (antiseptic) and honey, juice of ‘Babui Tulsi’ (*O. gratissimus*) and Rock salt if cough much dry.

Juice of “vasak” and honey, if old cough.

(8) *Aches and pains all over the body.*

Bata-gajankusa—Red oxide of mercury, Iron and Iron-pyrites, orpiment

Aconite, Borax

C. myrobalum (Haritoki)

Rhus succidanea (karkat-sringhi)

“Trikatu”

Premna serratifolia (Ganiari)

Rubbed with juice of vitex Negundo (Nishinda) and of sphœranthus Indica (Thalkuri)

Adjunct—with ginger juice and honey—if constipation

with ginger juice and Rock salt—if no constipation

with juice of Vitex Negundo and honey—if with heaviness of head.

Ramban Rasa—Mercury, sulphur, aconite

Black pepper, Nutmeg and cloves

Mixed with juice of unripe tamarind

Indicated in pain accompanied with indigestion and wind, acid eructations and loose motion,

Adjunct—If motions loose—with water or juice of C. Rotundus and honey. If with loose motion there is acid eructations and typanites—with pulv. caraway and honey.

Rasnadi-kwath—vitex Negundo, dried ginger and garlic

Indicated in aches and pains in sides of chest, back and other parts of the body as a result of exposure or due to cold applications.

Valuka-sveda or Fomentation by heated sand

Nishinda-sveda or Fomentation by heated leaves of vitex Negundo.

(9) *Anorexia.*

Sudhanidhi Rasa—mercury and sulphur are boiled with decoction of Danti (*Baliospermum montana*), then dried in the sun (“Bhapna”) after mixing with ginger juice, “Jambir or cholanga Nebu” (a variety of Limu) to which are added Borax, Pulv. cloves and aconite.

Adjunct—Pulv. ginger and Treacle.

Amladya-Joga—Embelic myrobalum (Amlaki), dried Raisins and cane sugar, to be kept inside the mouth with hot water for some time and then thrown out.

Darimbadya churna—Pericarp of Pomegranate

Treacle from sugarcane

Trikatu

Cinnamon, cardamon and

Tejpatra (Leaf of cinnamum tamala)

And taken with hot water.

(10) *Headache.**Lakshmibilas*—Iron and mica, aconite

C. Rotundus (mutha)

Trikatu, Long pepper

Seed of Dhatura and of canabis

Bark of Briddha-daru (Gmelina Asiatica)

Tribulus Terrestris (Gokshura)

Rubbed with juice of Dhatura Leaves.

Adjunct—with juice of V. Negundo and of Erithrina Indica (Palidamadara) with ginger juice and betel leaf juice and honey, if there is constipation.

Salpa Lakshmibilas—mica, mercury, sulphur, camphor, nutmeg

Seed of Gmelina Asiatica, of Dhatura, of canabis

Ipomœa Digitata (Bhui-kumra)

Asparagus sarmentosus (sata-muli)

Sidi cordifolia (Berela) and Rambifolia (Nagar-bala)

Seed of Tribulus Terrestris (Gokshura)

Seed of Eugenia Acutangula (Hijle)

Rubbed with betel leaf juice.

Indicated in Fever with headache, in weak and chronic invalid with "Vayu" diathesis before the advent of rise of temperature, also relieves discharges from eye, ear and nose etc. as a result of "Kapha"

Adjunct—Betel leaf juice with honey, if not constipated, ginger juice and honey if constipated.

NEW OR MODERN AYURVEDIC TREATMENT OF FEVER

With the advent of the Tantrik period, the knowledge of Chemistry progressively increased and the mineral drugs came to be better studied and the vegetable drugs of the times of Charak and Sushrut were more or less replaced by metallic and mineral drugs. Later on the two schools were blended into the modern school of Ayurvedists who judiciously combined the vegetable drugs

of the old school with mineral and metallic drugs of the new school in their prescriptions.

In the good old days with better hygiene, open air life coupled with vigorous physical exercise, want of worry and anxiety, the people were generally more robust and healthy and the slight associated auto-intoxication from the Intestines (the great cesspool of the body) in fevers were corrected by Langhan, (fasting). The patients being generally stronger could bear longer periods of fasting. Later on with the advance of civilization, the increased mental strain of living, and less open-air life, the health of the Nation progressively deteriorated and there was more auto-intoxication from the Gastro-Intestinal tract for which fasting alone was insufficient and powerful drugs were necessary not only to check the auto-intoxication specially in view of the fact that patients could bear less fasting, mercury was the sheet anchor of modern school to check intestinal auto-intoxication and correct the deranged Am-Rasa coupled with some amount of fasting, as much as can be borne by the patient, without lowering the power of vital resistance. This is a decided improvement in the treatment of fevers by the modern school over the old school. As fever is more or less a sign of deranged Pitta, mercury by checking derangement of Pitta serves a very useful purpose symptomatically in Fevers.

Thus mercury acts not only by checking auto-intoxication through its action on the Liver and kidneys (the great detoxicating and excretory organs of the body), correcting the deranged pitta, so important a factor in fever, acting thus as an alterative, but, according to Ayurved, mixed with other drugs increases their efficacy. Hence mercury is so highly spoken of in Ayurved and is so extensively used in a large variety of cases.

Aconite is another important febrifuge taken no doubt from the old school. It reduces cardiac tension so common in sthenic fevers and also the fever acting specifically and symptomatically.

One of the most important febrifuges found by the Tantrik school is Arsenic which is specific in asthenic fevers (with Kapha or Vayu-Kapha derangement.)

Of the metallic adjuvants in treatment we may mention :—

- (a) Gold, Silver, Swarna and Rouppa-maskika (Iron pyrites) which are used as alterative tonics.

The special preparation of Iron, known as Sataput and Sahasra put Louha (Iron burnt 100 and 1000 times respectively). These

are not contraindicated (as is the case with Allopathic preparations of Iron) in Liver derangement. These preparations of Iron are very light, float in water and are non-magnetic, containing 78 to 84% of Ferric oxide mixed with silicious matter (It may be noted that ordinarily precipitated ferric oxide prepared by modern chemical methods does not float in water). The efficacy of Ayurvedic Iron-preparations are due to their lightness and fineness (changed into fine colloidal form).

(b) Mica is silicate of magnesia. It is believed in Ayurved to increase the efficacy of Iron as a Harmatinic tonic (reduces anæmia) and is often given combined with the latter.

(c) Copper is used in splenic enlargement.

(d) Lead and Tin are used in urinary diseases and act as vermifuges also.

(e) Burnt conch-shell (Lime), Rock salt, sea salt, Pot Bicarbonate, Borax etc. are used for their anti-acid properties, to check the acidosis found in pitta and Vayu-pitta fevers.

(f) Organo-therapeutic preparations like *Biles* of different animals are used for their laxative effects, cow's and goat's *urine* for their diuretic effects and so forth. *Snake Venom*—stimulant.

(g) Besides these, the various vegetable drugs are used for their various specific effects *e.g.* as Laxatives, expectorants, diuretics, diaphoretics, febrifuges, carminatives etc.

Specific combinations of vegetable drugs are numerous *e.g.*

Trikatu (Long Pepper, Black pepper, dried ginger) is an excellent carminative stomachic

Trifala (the 3 myrobalams)—a good laxative

Trimeda (chitra, mutha and vidanga) is a good stimulant.

Their uses were taken from the old school.

(To be continued.)

MIDWIFERY IN ANCIENT INDIA.

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VI.

THE PREGNANT WOMAN.

The woman from the first day of her conception should be pure and contented in her mind ; should be dressed in white clothes, and should wear ornaments. She should revere the Gods, the Brahmins and the religious preceptors ; and should remain peaceful and be good-natured. She must not touch dirty or disfigured persons, and should shun objects emitting bad smell and also objects of hideous sight. She should not talk about matters likely to cause anxiety, and should never take dry, or sour, or polluted, boiled rice as food. She should not walk outside, must not dwell in a lonely house and never take shelter in the Gṛaityās (temples) or under a tree, or in a cremation ground. She should avoid causes likely to arouse her anger or fear. She must not carry heavy weights, nor should she shout very loudly and do other actions that may cause abortion. She should refrain from constant massage of her body with oils and must not indulge in severe bodily exercise. Her bed and seats should be soft ; it must not be very high or cause pain. She should take sweet, delicious, liquid or semi-solid, cold and easily digestible food. These are the general rules which should be observed during pregnancy.

दशमोऽध्यायः ।

अथातो गर्भिणीव्याकरणं शरीरं व्याख्यास्यामः ।

गर्भिणी प्रथमदिवसात् प्रभृति नित्यं प्रहृष्टा शुचिर्नृता शुक्लवसना शान्तिमङ्गलदेवताभ्राह्मणगुरुपरा च भवेन्मलिनविद्वतहीनगात्राणि न स्पृशेद्दुर्गन्धदुर्दृशनानि परिहरेद्दुहेजनीयाश्च कथाः शुष्कं पर्युषितं कुपितं क्लिन्नं चान्नं नोपभुञ्जीत वह्निनिष्क्रमणं शून्यागारचैत्यश्मशान-
वृक्षाश्रयान् क्रोधभयशङ्कांश्च भारानुच्चैर्मर्यादिकं परिहरेद्यानि च गर्भं व्यापादयन्ति नचातोक्ष्यं तैलाभ्यङ्गोत्सादनादीनि निषेवेत न चायासयेच्छरीरं पूर्वोक्तानि च परिहरेत् । शयनासनं मृदास्तरणं

नात्युष्णमाशयोपेतसस्वाधं विदध्यात् । हृद्यं द्रवमधुरप्रायं क्षिण्वं
दीपनायं हस्कृतञ्च क्षीणं भोजयेत् सामान्यमेतदाप्रमाणात् ।

Susruta Samhita, III. xi.

The special rules are,—She should take during the first three months, sweet, cold and liquid food, and this is especially to be observed during the third month, when she should take rice boiled in milk. Some say that rice should be eaten with *dadhi* during the fourth month, with milk during the fifth month, and during the sixth month, with ghee.

Fourth month.—Milk with butter, fish, meat of wild animals, and good rice.

Fifth month.—Milk and ghee with meals.

Sixth month.—Ghee with decoction of *Gokshura* (*Tribulus Terrestris*), and drink of decoction of wheat pulv.

Seventh month.—Infusion of *Prathakparni* (*Uraria lagopodides*) and ghee.

These foods cause growth of the foetus.

Eighth month.—*Vala* (*Sida cordifolia*), *ativala* (*Sida rhombifolia*), *satapuspa* (*Anethum sowa*), flesh, milk, *dahi*, oil, salt, honey, ghee, and *Madanphala* (*Randia dumetorum*). She should be given Infusion of plum (*Zizyphus jujube*) as a drink.

This purges the body of the accumulated faeces and flatus.

Then she should be given a purgative of oil with milk and honey. If the air be driven out downwards, she can be delivered with ease and without any complications.

Ninth month.—She should enter the lying-in-room. This room is to be constructed on white, or red, or yellow, or black ground according as she is a Brahman, or a Ksatriya, or a Vaisya, or a Sudra respectively. The headstead should be of *vilva* (*Aegle marmelos*) for Brahmins, *Vata* (*Ficus religiosa*) for Ksatriyas, *Tinduka* (*Diospyros Embryopteris*) for Vaisyas, and *Bhallataka* (*Smecarpus anacardium*) wood for the Sudras. The walls should be well-plastered, and the doors should face towards the east or the south. It should be eight hands long and four hands broad. It should be auspicious and should afford protection.

विशेषतस्तु गर्भिणी प्रथमद्वितीयतृतीयमासेषु मधुरशीतद्रवप्रायमाहारमुपभवेत् । विशेषतस्तु तृतीये षष्टिकौदनं पयसा भोजयेत्तुर्थे दध्ना पञ्चमे पयसा षष्ठे सर्पिषा चेत्येके । चतुर्थे पयोनवनीतसंघृष्टमाहारयेज्जातमांससहितं हृद्यमन्नं भोजयेत् । पञ्चमे क्षीरसर्पिः-

संसृष्टं पष्ठे श्वदंष्ट्रासिद्धस्य सोर्षिषोमात्रां पाथयेद्यथागूवा सप्तमे सर्पिः
 मृथकपर्णादिसिद्धमेवमापाय्यते गर्भः । पष्ठमे वदरोदकेन वलातिवलाः
 शतप्लवपलपयोदधिमस्तुतैलवणमदनफलमधुघृतमिश्रं चास्यापयेत् । पुराण-
 पुरोषशुद्धार्थमनुलोमनार्थं च वायोः । ततः पयोमधुरकषायसिद्धेन
 तैलेनानुवासयेदनुलोमे हि वायौ सुखं प्रसूयते निरुपद्रवा च भवति ।
 अनजर्दं स्निग्धाभिर्यवागूभिर्जाङ्गलरसैश्चोपक्रमेदाप्रसवकालादेवमुपक्रान्ता
 स्निग्धा वसवती सुखमनुपद्रवा प्रसूयते । नवमे मासि सूतिकागारमेनां
 प्रवेशयेत् प्रशस्ततिथ्यादौ तत्वारिष्टं ब्राह्मणचतुर्यवैश्वशुद्राणां श्वेतरक्तपोत-
 क्कणेषु भूमिप्रदेशेषु वित्त्वन्धयोधतिन्दुकभस्मातकानिर्मितं सञ्चानारं
 यथासङ्गां तन्मयपर्यङ्कमुपल्लिप्तभित्तिं सुविभक्तपरिच्छदं प्राग्द्वारं दक्षिण-
 द्वारं बाह्यहस्तायतचतुर्हस्तविस्तृतं रक्षामङ्गलसम्पन्नं विधेयं ।

Susruta Samhita, III. x.

Labour-pains :—The onset of labour is indicated when the joints of the loin become loose, and the chest is felt to become light and free. The pain is gradually complained of in the loin and back. She frequently tries to urinate and defæcate, and a slimy discharge escapes from her vagina. During her labour, religious ceremonies should be performed. The infants should surround her; she should hold fruits having names in the masculine gender in her hands, she should be oiled and washed with hot water and be well-fed with barley, water, etc. Then she is to lie down on a broad soft bed, supporting her head on a pillow and keeping her thighs somewhat raised. Four elderly ladies, having their nails paired off, should, without any fear, nurse her constantly. They should rub her with oil gently from above downwards, and should thus encourage her: O fortunate Lady! bear down well, bear down well, so that you may not feel any trouble." Then when the Os dilates, and pain is radiated towards the loins, the groins, the hypogastric region and the head, she should gradually bear down, and she must exert herself to her best when the foetus engages the vaginal outlet.

जाते हि शिथिले कुक्षौ सुखे हृदयवन्धने ।

सशूले जज्ञने नारी ज्ञेया सा तु प्रजायिनी ॥

तत्रोपस्थितप्रसवायाः कटीपृष्ठं प्रति समन्ताद्देदना भवत्यभीष्टं
 पुरोषप्रवृत्तिर्नूतं प्रसिध्यते योनिमुखात् श्लेष्मा च ।

प्रजनयिष्यमाणां कृतमङ्गलस्त्वस्तिवाचनां कुमारपरिवृतां पुत्राम-
फलहस्तां स्वभ्यक्तासुष्णोदकपरिषिक्तामथैनां संभृतां यवोगुमात्रगृहात्
पाययेत् । ततः कृतोपधाने मृदुविस्तीर्णे शयने स्थितामाभुग्नसक्यो-
मुत्तानामशङ्कनीयाश्चतस्त्रः स्त्रियः परिणतवयसः प्रजननकुशलाः कृत्ति त-
मथाः परिचरियुरिति ।

अथास्या विशिखात्तरसमुत्तममनुमुखमभ्यन्याद्व्यूयाच्चैनामेका सभगे
प्रवाहस्वेति नेत्राप्रतोवी प्रवाहस्व ततो विमुक्ते गर्भनाडीप्रवन्धे सशूनेषु
श्रोणिबद्धक्षणवस्तिशिरःसू प्रवाहेयाः शनैः शनैः । ततो गर्भनिर्गमे
प्रगृह्य ततो गर्भे योनिमुखं प्रपन्ने गाढतरमाविश्यत्यभावात् ।

Susruta Samhita, III. x.

But if she exerts herself untimely, the child is in danger of being born deaf and dumb ; or the lower jaw may be bent and the head may be unduly pressed, or the child may suffer from cough, asthma, etc. ; or the child may be haunch-backed or unnatural in shape. If there be any abnormal presentation of the foetus, rectify it by turning first and then deliver the child. If the foetus be obstructed in its delivery, apply fumigation to the vagina by burning the garb of a bungarus or *Pinditaka* (*Randia dumetorum*) wood, or tie the root of *Hiranya puspi* (*Solanum xanthocarpum*), or *Subarcala* (*Lenum usitatissimum*) or the root of *Visalya* to her fore arm and leg.

अकालप्रवाहणाद्धिरं मूकं व्यस्तहनुं मूर्धाभिधातिनं कासश्चासंशो-
पद्रुतं कुञ्जं विकटं वा जनयति । तत्र प्रतिलोममनुत्तमयेत् ।

गर्भमङ्गे तु योनिधूपयेत् कृष्णसर्पनिर्मोक्तेन पिण्डीतकेन वा । वप्रीया-
द्विरण्यपुष्पौमूलं हस्तपादयोर्द्वारयेत् सुवच्चनां विशल्यां वा ।

Susruta Samhita, III. x.

When delivered, the membranes and placenta with the navel cord are to be expelled ; the mouth of the child is to be purified by rubbing it with honey, ghee and salt. Put a piece of cloth, well smeared with ghee, over the anterior fontanelle of the child. Then the cord is to be tied by means of a thread at a distance of eight fingers' breadth from the navel, and the cord is to be cut beyond the ligature. The ends of the thread are to be twined round the child's neck, and thus secured.

Then the child is to be soothed with cold water ; the ceremony of *Jatakarma* is thus completed. Let the child suck the ringfinger

smearcd with the following linctus : honey, ghee, *Hemidesmus* radix, juice of *Brahmi* (*Herpestris Monniera*), and gold dust well mixed up together. Then the child is to be well-oiled with *vāla* oil, and it should be bathed in the infusion of *Kṣīra* tree (*Minusops, hexandra*), or in some sweet scented water, or in water heated with silver or gold, or in the luke-warm infusion of leaves of *Kapitha* (*Feronia elephanta*), but due considerations must be made for the *dosas*, the time, and the circumstances of the child.

अथ जातस्योत्पत्तौ मुखञ्च सैन्धवसर्पिषा विगोध्य घृताक्तं सुद्धिं पिबुं
दद्यात्ततो नाभिनाडीमष्टाङ्गसमायस्य सूत्रेण बद्धा कटयेत्तत्सूत्रैकदेशञ्च
कुमारस्य श्रोत्रायां सम्यग्वध्नीयात् ।

अथ कुमारं शीताभिरङ्गिराश्वस्य जातकर्मणि कृते मधयपिरनन्ता-
त्राह्मीरसेन, हवर्णचूर्णमङ्गुल्यानामिकया सेहयेत्ततो बलातैलेनाभ्यज्य क्षीर-
वृक्षकषायेण सर्व्वगन्धोदकेन वा कप्यहेमप्रतप्तेन वा वारिणा स्नापयेदेनं
कपित्यपत्रकषायेण वा कोष्णेन यद्वाकालं यथादोषं यथाविभवञ्च ।

Susruta Samhita, III. x.

After three or four nights from the date of delivery, the lacteals of the breast dilate and the breast becomes full of milk. Let her take on the first day hemidismus root, ghee and honey, twice daily, in the morning and evening. On the second day, infusion of *Laksana* (*Atropa mandragora*), and on the third day ghee should be taken. Thereafter she should take ghee and honey about the measure of her palm twice daily.

Then the mother is to be rubbed with oil of *Verela* (*Sida cordifolia*) and she should be given medicines to rectify deranged *vayu*. On the fifth day, if any *dosa* occurs, let her take,—

Pippali (*Piper longum*), *pippalimula* (*Piper longum*, its root), *gajapippali* (*Scindapsus officinalis*), *Citraka* (*Plumbago Zeylanica*) and *Srngavera* (*Zinziberis officinale*) powders mixed with tepid molasses and water. This is to be continued for two or three days, or so long as the impure blood is not thoroughly rectified. Then she should take,—infusion of the roots of plants in the *Vidari* (*Ipomoea digitata*) group with ghee ; or milk mixed with wheat paste or (*yavamanda*), for three nights. Then considering her strength and digestive power, she must be given rice with meat juice, or juice of wheat, *kulatha* pulse (*Dolichos biflorus*) and *kola* (*Zizyphus jujube*). In this way she is to be

treated for about two weeks ; then when her body becomes pure and she comes out of the chamber, she may not observe these fixed rules of dietary. Some are of opinion that the period of confinement extends to the period of the next menstruation.

धमनीनां हृदिस्थानात् विवृतत्वादनन्तरम् ।

चतुराहाक्षिणाद्या स्त्रीणां स्तन्यं प्रवर्तते ॥

तस्मात् प्रथमेऽह्नि मधुसर्पिरनन्तामित्रं मन्त्रपूतं त्रिकाक्षं पाययेद्
द्वितीयेऽक्षणादिषु सर्पिःसृतीये च । ततः प्राङ्निवारितः स्तन्यं मधुसर्पिः
स्वपाणितयसंस्थितं द्विक्वाक्षं पाययेत् ।

अथ सूतिकां वक्ष्यातेलाभ्यक्तां वातहरोषधनिःक्वायेनोपचरेत् वशीक-
रोषन्तु तदहः पिप्पलीपिप्पलीमूकहस्तिपिप्पलीचित्रकमृग्वेरचूर्णं
शुद्धीदकं नीष्ये न पाययेत् । एवं चिरात् त्रिरात् वा कुर्यादादुष्टाचितात् ।
विशुद्धे तता दिदादीगन्धादिसिद्धां स्नेहयवागूं चौरयवागूं वा
पाययेच्चिरात् । ततो यवकोककुक्ष्यसिद्धेन काकलसेन शास्वादनं
भोजयेद्दक्षमग्निदक्ष्णादिष्व । अनेन विधिनाध्यक्षं मासमुपसंस्कृता
विशुक्ताहारादारा विवृतसूतिकाभिधाना स्यात् पुनरास्तं वदार्थमादित्येकं ।

Susruta Samhita, III. x.

In dry countries, during the state of puerperal, sufficient ghee or oil is to be prescribed to a healthy mother. She should use the infusion of *Pippali* (*Piper longum*) as before and should continue that drink for three or five nights. But if weak, she may take barley water with oleagenous foods for three or five nights. Then she may take rice and ghee. The body is to be frequently washed with tepid water. She must not indulge in anger, nor do any laborious work. Sexual intercourse, during the puerperal, is prohibited.

If any disease is caused by unwholesome food or any misconduct during this period, it is difficult to cure it. Fasts observed frequently also produce similar diseases. Therefore she must be treated, due consideration being made for the locality, the time, the nature of the disease and her habits. She must be careful to avoid anything which may prove injurious to her health. If treated in this way, she never dies.

धन्वंभूमिजातां सूतिकां घृततैलायोरन्यतरस्य मात्रां पाययेत्
पिप्पल्यादिकषयानुपानं स्नेहनित्या च स्यात्त्रिरात् पञ्चरात् वा
वसवतीमवध्यां यवागूं पाययेच्चिरात् पञ्चरात् वा । अतस्तत्र

स्निग्धेनाक्षरं संगे गोपचयेत् प्रायशसैनां प्रभूतेनोष्णोदकेन परिषिञ्चेत् ।
 क्रेभायासामैयनादीन् परिहरेत् ।

भवतश्चात्र ।

मिथ्याचारात् सूतिकाया यो व्याधिकपकायते ।

य कच्छसाध्योऽसाध्यो वा भवेदत्यपतर्पणात् ॥

तस्मात्तां देशकालौच व्याधिनात्मेन कर्मणा ।

परीक्ष्योपचरेदेवं मैयमत्ययमाधुयात् ॥

- *Susruta Samhita*, III. x.

After the expulsion of the placenta, the puerpera suffers from retention of urine and flatulence which appear as symptoms. Therefore after the delivery of the child, her throat is to be well wiped with your finger enveloped in hair; or you may apply the smoke of the following :—*Katuka*—*Alabu* (*Lagenaria vulgaris*), *Krtavedhana* (*Luffa acutangula*), mustard, snake's garb, mixed with oil sinapis, to the orifice of the vagina.

You may apply the paste of *Langali* (*Gloriosa superba*) root on the palmar or plantar surfaces. Or you may sprinkle juice of *Mahaurksa* (*Euphorbia nerifolia*) repeatedly over her head. She may take internally the roots of *Kustha* (*Sausurea lappa*) and *langali* (*Gloriosa superba*) as *kalka* (paste) with wine or cow's urine as a drink. Or she may take *kalka* of *Salimula* (Root of *Oryza sativa*), *pippali* (long pepper) with wine; or she may use white mustard, *kustha* (*Sausurea Lappa*), *langali* (*Gloriosa superba*), alkali of *Mahaurksa* (*Euphorbia nerifolia*) and lather of wine as *asthapana* or restorative enema. Or you may give a purgative consisting of enema of the decoction of these drugs and oil sinapis or some other oily substance; or you may extract faecal matter by means of your fingers after paring the nails.

अथापरापतन्तानाङ्गान्नी कुरुते तस्मात् कण्ठमस्याः केशवेष्टिनया-
 ऋष्या प्रसृजेत् । कटुकान्तावुकतवेधनसर्षपसर्पनिर्मोर्कैर्वा कटुतैलविमि-
 सैर्योनिषुखं प्रपयेत् । काङ्गलीमूलकल्केन वास्याः पाणिपादतल-
 माक्षिप्तेत् । मूर्द्ध्नि वास्या महावृक्षचौरमनुवेष्टयेत् । कूटलाङ्गली-
 मूलकल्के वा मद्यमूत्रयोरन्यतरेण पाययेत् । शालिमूलकल्कं वा
 पिप्पल्यादि वा मद्येन सिद्धार्थककूटलाङ्गलीमहावृक्षचौरमिष्टेय

सुरामण्डेण वास्त्रप्रयेत् । एतैरेव भिडेन सिद्ध्यर्थं कतैश्चैनोत्तरवस्त्रं
दद्यात् स्निग्धेन वा ह्लासनखेन हस्तेनापहरेत् ।

Susruta Samhita, III. 8.

If after delivery, the system of the mother becomes dry, due to such treatment, the blood, being not purified, becomes confined by *vayu* and so small tumours are produced below the navel, on the sides of the body, in the hypogastric and umbilical regions. Acute pain is complained of at the umbilicus, the hypogastric, and over the abdominal regions, and she complains of pin-and-needle and piercing sensation in the intestines. The abdomen becomes flatulent, and retention of urine occurs,—the two principal symptoms of the *Makkala* disease. Then she should drink the following decoctions and *aristas*.—Decoction: of *Virataru* (*Desmodium Gangeticum*) group, water and honey; or nitre with ghee; or Saindhava salt with tepid water; decoction of piper longum group with piper longum pulv; or lather of wine with *Varuna* (*Crataeva religiosa*) *Pancakola* and castoreum decoction with (*vararia lagopodoidev*); Powders of *Devadaru* (*Pinus devadaru*) and *Marica* (*Piper nigrum*) with old boiled juice of sugar-cane; or powders of *Trikatu* (Black and Long pepper and dry Ginger; the three pungent spices), *Caturjjataka* [*Gudtvaka* (*Cinnamomum Zeylanicum*), *Tejapatra* (*Cinnamomum tamala*), *Eta* (*Elattaria cardamomum*), *Nagakesara* (*Mesua ferrea*)], *Kustumbaru* (*Coriandrum sativum*) with old boiled juice of sugar-cane or decoction of *Abhaya* (*Chebulic. myrobalan*). These prescriptions cure *makkal* disease.

प्रजातायाश्च नार्थ्या रुक्षशरीरायास्तीक्ष्णै रविशोधितं रक्तं वायुना
तद्देहगतं नातिष्ठं रुक्षं नाभेरधः पार्श्वयोर्वस्ती वस्ति शिरसि वा ग्रन्थिं
करोति । ततश्च नाभिष्वरुदरशूलानि भवन्ति सुचीभिरिव निखुद्यते
भिद्यते दीर्यत इव च पक्षाशयः । समस्तादाधानमुदरे मूत्रसङ्घस्य भवतीति
मङ्गललक्षणं । तत्र वीरतर्ज्यादिभिश्च जलमूषकादिप्रतीवापं प्राययेत् ।
यवचारचूर्णं वा सर्पिषा सुखोदकेन वा लक्षणाचूर्णं वा पिप्पल्यादिकाथेन
पिप्पल्यादिचूर्णं वा सुरामण्डेन वरुणादिकाथं वा पञ्चक्रीलैलाप्रतिवापं
पृथक्पण्यादिकाथं वा भद्रदारुमरिचसंस्पृष्टं पुराणगुडं वा
त्रिकटुकचतुर्ज्जातककुसुम्बुरुमिश्रं खादेदच्छं वा पिरिदरिष्टमिति ।

Susruta Samhita III. 8.

The diet of a pregnant female without any complication.

First month :—She should take milk only ; cold butter in measured quantity and in fixed times ; and good food in the morning and evening in adequate quantity and in an easily digestible form.

Second month :—No medicines should be given. Let her take milk boiled with the articles of food in the *Madhura (Fœniculum vulgare)* group.

Third month :—Milk with honey and ghee.

Fourth month :—Condensed milk with butter.

Fifth month :—Condensed milk with butter and ghee.

Sixth & Seventh month :—Milk and ghee boiled with *madhu* (honey).

On the seventh month, the females say, "The hairs of the foetus grow and these cause inflammation in the mother" ; but Atreya denied it and said that the inflammatory itches were caused by the accumulation of bile and phlegm in her chest, which in its turn was due to the movement of the foetus at this period ; and from these itches, cracks appeared in the skin (*stricæ gravidarum*). Then she should take butter boiled with *Madhuradi* group with infusion of plum in dose of two *tolas* occasionally. Rub her breast and the abdomen with paste of santal and *mrinala* or stem of lily ; or with *Sirisa (Mimosa sirissa)*, *Dhataki (Woodfordia floribunda)*, mustard and *Yastimadhu (Glycerrhiza glabra)* or with *Kutaja (Holarrhena Antidysenterica)*, *Ajaka tulasi* seed (*Ocimum sanctum*), paste of *Musta (Cyperus Rotundus)* and turmeric, or with paste of *Nimba (Melia Azadirachta)*, *Kola (Zizyphus jujube)*, *Surasa (Ocimum sanctum)*, *Munjistha (R. b. cordifolia)* or with paste of *triphala* with the blood of deer or hare, or with leaves of *Karabi (Nerium odorum)* boiled in oil.

If itching occurs in the nipple, the nipple must not be scratched, but it should be washed with the boiled infusion of *Malati (Echites Caryophyllata)* and *Yastimadhu (Glycerrhiza glabra)*. By scratching with the nails, the wound may become septic or infected, and the skin may be injured. If she finds it impossible for her to desist from the act of scratching, let her only rub and pull it. She should take medicines internally to rectify *vayu* by means of sweet juices, a little quantity of oil and salt ; and water may be indulged in.

Eighth month :—Milk and ghee boiled with barley (*yavagu*).

Bhadra Kapyā objects to such foods being given to pregnant women as albino eyes are caused thereby. But Atreya did not see any objection ; on the contrary, he was of opinion that by its use, the child improved in health, strength, voice and colour ; the body became muscular, and he became in after-life a great man.

Ninth month :—*Anuvasan* or enema with oil boiled with medicines, and insert oily lint (*picu*) inside the vagina to keep the passages slippery.

पञ्चमस्यै विविक्तारमाप्यायमानस्य गर्भस्य मासे मासे कर्मा-
पदेक्ष्यामः । प्रथमे मासे गङ्गिता चैद्गर्भापन्ना क्षीरमनुपस्कृतं मात्रा-
बद्धांतं काले पिबेत् सात्व्यञ्च भोजनं सायं प्रातश्च भुञ्जीत । द्वितीये मासे
क्षीरमेव च मधुरौषधसिद्धम् । तृतीये मासे क्षीरं मधुसर्पिर्भ्यामपसंश्लेष्य ।
चतुर्थे मासे तु क्षारद्वनीतमक्षमात्रमश्नीयात् पञ्चमे मासे क्षीरसर्पिः ।
षष्ठे मासे क्षीरसर्पिर्मधुरौषधसिद्धं तदेव सप्तमे मासे ॥ तत्र गर्भस्य
केशा जायमाना स्नातुर्विदाहं जनयन्तीति स्त्रियो भाषन्ते तन्नेति
भगवानात्रेयः । किन्तु गर्भोत्पौडनाद्वातपित्तश्लेष्माण उरः प्राप्य विदहन्त
ततः कण्डूरूपजायते कण्डूभूना च क्लिष्टावाग्भिर्भवति । तत्र कोलोदकेन
नवनीतस्य मधुरौषधसिद्धस्य पाणितन्मात्रं कालेऽस्यै दद्यात् । चन्दन-
मृणालकल्कौ चस्याः स्नानोदरं विमृदनीयात् । शिरोषधातकीसर्पप-
मधुक्षूणैः कुटजार्जकबीजमुस्तहृदिद्राकल्कैर्वा निम्बकोक्षसुरसमश्लिष्टा-
कल्कैर्वा । पृषत्-हरिणशशकधिरयुतया त्रिफलया वा करवीरकपत-
सिद्धेन वा तैलेनाभ्यङ्गः । परिषेकः पुनर्मालतीमधुसिद्धेनाश्वसाजात-
कण्डूया च कण्डूयनं वर्जयेत् त्वग्भेदनवैरूप्यपरिहारार्थम् अशक्यायान्तु
कण्डूमुन्मर्द्दनीहर्षणाभ्यां परिहारः स्यात् । मधुरमाहारजातं वातहरमल्प-
मल्पस्नेहलवणमल्यादकानुपानञ्च भुञ्जीत ॥ षष्ठमे तु मासे क्षीरयवागूं
सपिप्पलीं काले काले पिबेत् । तन्नेति भद्रकाप्यः, पैङ्गल्याबाधो ह्यस्या
गर्भमागच्छेदिति । अस्त्वत्र पैङ्गल्याबाध इत्याह भगवान् पुनर्वसुरात्रेयो
न ह्येदकार्थ्यं एवं कुर्वती ह्यरोग्यबलवर्णस्वरसंहननसम्पदुपेतं ज्ञातीनाम-
पि श्लेष्ठमपत्यं जनयति ॥ नवमे तु खल्वेनां मासे मधुरौषधसिद्धेन
तैलेनानुवासयेत् । अतश्चास्यास्त्रीलं पितुमिश्रं योनौ प्रणयेद् गर्भस्थान-
मार्गस्नेहनार्थम् ।

यदिदं कर्म प्रथममासमुपादायोपदिष्टमा नवमास्मासात् । तेन
गरिण्या सर्भसमये गर्भधारणे कुक्षिकटीपार्श्वपृष्ठं मृदु भवति
चातश्वानुलोमः सम्पद्यते मूलपुरीषे च प्रकृतिभूते सुखेन मार्गमनुपद्यते
चर्मनखानि च मार्द्वमुपयान्ति वलवर्णौ चोपचौयेते पुत्रं ज्येष्ठं
सम्पदुपेतं सुखिनं सुखेनैषा कालेन प्रजायत इति ॥

Caraka Samhita, III. viii.

When Diti became pregnant, her husband, sage Kasyapa advised her as follows :—

O good-loined Lady, you act according to what I advise you. You live in this hermitage for 100 years. Try your best to protect your pregnancy carefully. Never eat anything in the evening. Living under trees, working on stone-slabs and muller, mortar and pestle, and other articles of household use should always be avoided. Never go in water for bathing, nor live in a vacant house. You must not be anxious, and must not remain near an ant-hill. The habit of scratching the ground with a piece of charcoal or ash should be stopped. Always remain with your face cast downwards and avoid all forms of physical exercise. Never touch charcoal, ash, bones, and potsherds. Do not quarrel with others and do not shake off your lethargy by yawning or by stretching your body. Always be pure; dress your hairs and tie them properly. Never remain impure, nor with your hairs loose. Then you will be able to deliver a son safely. Never lie down with your head pointing towards north, nor with your head cast downwards. Your body should always be covered with clothes properly. You must not remain in scanty clothing. Avoid anxiety, You must not speak harsh words, nor laugh loudly. You must show your respect to your superiors and bathe yourself with water mixed with healing herbs (*Sarvasaudhi*). O dear, serve your relatives and friends, and with your countenance beaming with contentment, you should always try to do what is good to your husband. Always honour him and never blame him. O fortunate Lady ! tell your friends as follows.—“ I have become thin, weak, and advanced in years ; my breasts have become displaced. After all, be obedient to your superior and never tell an untruth.” *Padmapurana, Srstikanda*, Ch. 7.

A THESIS ON "ASOKA" SĀRĀCA INDICA

BY

BHISHAGWARA K. ACHĀYĀ

BELLARY.

Asoka was known to the ancients. It is famed in Hindu Mythology from the circumstances of Seetha the wife of Rama having been confined by Ravana in a grove of Asoka Trees. The tree is the emblem of love and was burnt by Siva along with Kamadeva who wished to seduce him (Kūmaṛasambhava). This tree goes by the name of Anganapriya and is said to blossom when touched by the foot of a beautiful woman. This is a botanical symbol as to a special use. (Vide syn : for examples from Nov. 1930 issue of Indian and Eastern druggist that plants as garlic with tuber structures are useful in diseases of bronchial tubes.)

SYNONYMS.

Sanskrit :—

Asoka, Hemapushpa, Vanjula, Tambṛāṇḍa, Kankēle, Pindapushpa, Gandhapushpa, Nata (Bī : Nī :), Sōkanasa, Vichitra, Karnapuraka, Visoka, Rakta, Ragi, Chitrāsthāḥakamanjiri, Peetha pushpa (Dhī : Nī :), Madhupushpa, Apasoka, Keleka, Raktapallava, Subhaga, Smaradhivasa, Doshahari, Prapallava, Ragitaru, Pallavadi (Rag : Nī.) Gatasoka (Vag : Sū :), Tiniśa (Chā : Chī : Jvar :), Anganapriya, Veethasoka, Vanjuladruma, Dhohali, Vamankapatana, Rama Kanthangidhohada, Chakra Gucha, Kanta Charanadohada, Stri Nirikshana Dohada, Soka hanta, Vamangī Ghataka, (Adi : text : Bī : Nī :), Sugandha, Peetha Sika, Chitraka (Shad : Nī.)

Vernacular :—

Bombay	...	Asohka
Guzarati	...	Asupala
Telugu	...	Asoka
Tamil & Mal	...	Asogam
Canarese	...	Asoka
Hindi & Bengali	...	Asok
Maratti	...	Jasunda
Burmese	...	Thenoka

References:—

Indian trees (Brandis constable London) ; U. C. Dutt, Nadkarni, Sanyal's Materia medica, Dymoc, Ph : Graphica Indica, Chāraka, Sūsruta and Vagbhata samhitas.
Mitra's and Rangachari's Botany, Kalidasa's Meghaduta.

HABITAT.

Khāsi hills, Arakan, Tenasserim, western Peninsula, Northern Circars, and in ever green forests of the Konkan and Kanara. Frequently planted chiefly near the temples in India and Burma (Indian Trees, Brandis).

VARIETIES.

Asoka is of two varieties as classified by Indian poets. "Sweta and Rakta Asokas"

16 Botanical varieties of this plant are mentioned by Brandis to be occurring in India, Malay and Archipelago. He has described Botanically the following five as commonly available varieties.

1. *Saraca* Griffithiana
Indica
Labiana
Triandra
Zollingeniana

Trees resembling Asoka.

Polyalthia Longifolia (an avenue tree) of the natural order Anonaceae.

Official Part.

Bark, Seed, root, and flower.

Description.

An ever-green tree, young shoots drooping and coloured. Leaflets 3-6 pair, Fl : in dense corymbs 3-4 inches diam : Orange on expanding, gradually changing to scarlet. Peduncles and pedicels glabrous. Bracteoles, persistent, $\frac{1}{8}$ inch, calyx tube $\frac{1}{2}$ inch long twice the length of lobes perfect stamens 7 to 8. Pod 6 to 10 by 2 inches. Valves hard, reticulate. Leaflets opposite. Seeds ex-albuminous and a legume (Indian trees).

Bark :—Bark is greyish brown externally and internally. Freshly cut bark has a white appearance but it soon becomes red on exposure to air. (Sanyal's Vegetable drugs of India).

Flowers :— Flowers spring from the root of the branches (Season, August). The supposed asoka polyalthia longifolia has lanceolate, alternate leaves with undulated margins.

The fruits are aggregate. Flowers arise from old branches in umbels of short racemes. Petals are thin, six in two whorls of three each.

GROUPING.

Vegetable Kingdom.

Natural order	Leguminosae
Sub order	Caesalpania
Vedanasthapana Gana	(Charaka)
Rodradhi Gana	(Vagbhata)
"	(Susruta)
Pushpavarga	(Bri : Ni :)
Karaviradivarga	(Araj : Ni :)

Chemical Composition.

A decoction gave a greenish precipitate with Ferric Chloride and a Brownish Sediment with a solution of Iodine in Potassium Iodide. It contained 10.3 per cent of aqueous extract with 5.7 of tannin and 13 per cent of alcoholic extract with 8.8 per cent of soluble and insoluble tannins. The other extract was very pale brown and semi-crystalline. It was soluble in water giving an emerald green colour with Ferric salts, red with Soda solution, and dissolved in warm sulphuric acid with a purple colour changing to black which points to the presence of Catechin. The bark leaves 10.8 per cent of mineral residue when burnt. (Dym. Ph. Indica).

Physiological actions and Therapeutics.

Rasa :—Bitter (Sus. Sutra), Sweet and bitter (Ni : Rat :), Bitter and astringent (Bri : Ni :), Astringent (All Modern Materia-medica).

Veerya :—Cooling in potency.

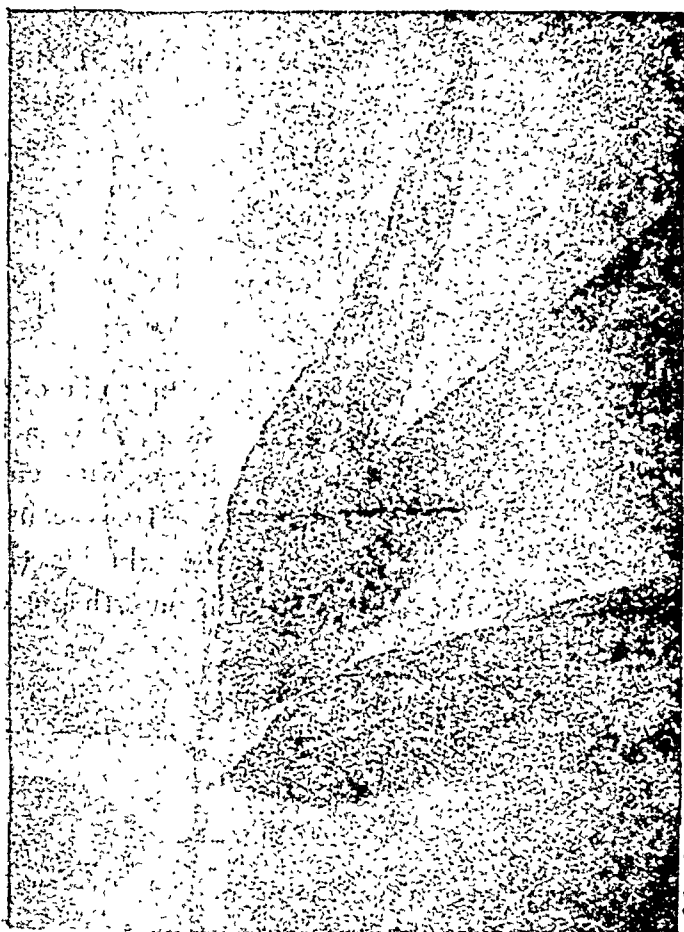
Action :—Grahi (Drying).

Now it is clear that Asoka has a cooling potency. It is at the same time a Grahī (Dries the bodily fluids). Ancient Therapeutics consider this to be useful in the following conditions. (1) To unite bones, (2) In relieving pain; (3) Thirst (4) Piles, (5) Wounds, (6) Flatulency, (7) Blood-born diseases, (8) Rakta Pradara, (9) Ascites, (10) Poison of Aquatic animals, (11) Tiresomeness, (12) Worms (some hold it is productive of worms), (13) Reduces Kapha and imparts lust.

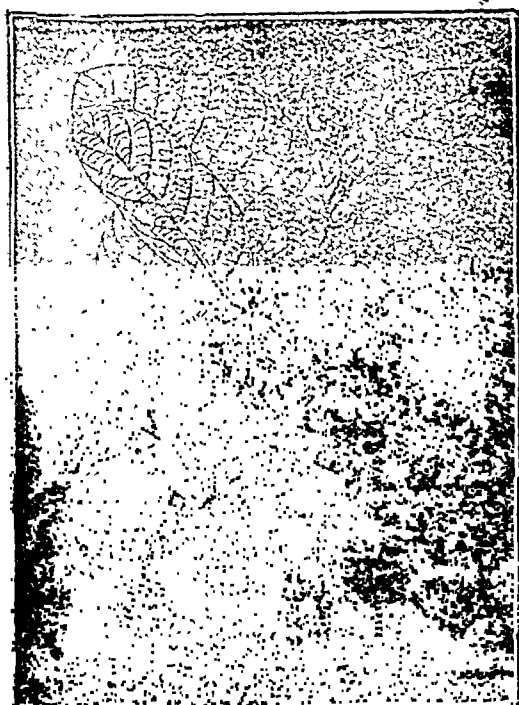
Modern Materia medicas declare the drug to be of an astringent taste. This is a sedative of the uterus. It acts on the muscular fibers of the uterus. It has a stimulating effect on the endometrium and the Ovarian Tissue. It is considered to be useful in Menorrhagia due to uterine fibroids (Nadkarni). Flowers are considered to be useful in haemorrhagic dysentery. (Kaviraj Nagendranath).



LEAVES OF ASOKA—SARACA INDICA.



LEAVES OF ASOKA—SARACA INDICA.



LEAVES OF ASOKA—SARACA INDICA.

Preparations.

No.	NAME	PRINCIPALING	INDICATIONS	DOSE.
1	Pul : Asoka : Com : (Sus.)	Asoka Tripatha Dhataki.	Daruna Karma (Hardening of sores)	1 oz with an ounce of milk or dil : sulph Acid.
2	Deco : Asoka (Ch! Dutta) 1 in 4.	Asoka Bark	Menorrhagia	
3	Asokaghritha (Sus :)	Danti Kampillaka (Asoka)	Only purgative in Vatharoga	
4	Asokaghritha (Vag :)	Eranda, Asoka Gurupanchamula	Yonivyapat & Vatha disease	
5	Asokaghritha (Vas : Rat :)	Asoka Bringaraja Jeevania	Uterine disorders.	1 tola.
6	Asokarishta (do)	Asoka root Jeeva- kadwaya	Menorrhagia & Leucorrhoea	4 oz. ($\frac{1}{2}$ oz)
7	Asoka Rasakriya (Andhra : Ay : Ph. L. T. D)	Liq : Ext : Asoka and fine : Pulv : Asoka	Uterine disorders & Pitha roga	10 gr.
8	Asokadivati (do)	Asoka ; Fer : Sulph	do	do
9	Liq Ext : Asoka (All Pha :)	Asoka	do	20 m to 60 m.
10	Vibro Asoka (Bcpw)			
11	Liq : Asoka : Co (I. M. L. A.)	Liq : Hydratsis, Lodhia & Asoka	Menorrhagia	1 to 2 oz.
12	Asoka Cord: with Vita (Dr : Bose : Lab)	Asoka ; Daruharidra Ajuna	All diseases of the uterus.	1 to 2 oz.
13	Pushpanjana (Sus)	Asoka Flower Utpala Amra	Pitha & Sleshma Vidagdha Dhristi	
14	Mahasugandhi Agada (Sus)	Flower & fruit of Asoka, Arka, Sirisha	Anti Venom : Ung :	
15	Mahakalyana Ghrita (Sus)	Gold, Precious Stones, Asoka	All fevers.	
16	Chandanadi Tila (Charaka)	Sandalwood Asoka & many Cooling drugs.	For external use in fevers.	
17	Rodhradi Gana (Sus & Vag)	Rodhra Asoka etc ,	Obesity & Yoni diseases.	
18	Medanasthapana- gana (Charaka)		Antineuralgic.	
19	Asoka ghrita (vag : Ch! : Kasa Roga)	Asoka Seeds, sweta Arka.	Kasa (Bronchial troubles.)	

N.B.—Dr. Bose's Laboratory informs that Asoka belongs to a class of drugs whose action varies with its quality at the time of collection in raw condition.

Abstract of Cases.

H. = Hindu
 Numericals = Age
 C. H. = Children
 O. = Null
 Ab. = Abortion
 T. D. = Thrice daily
 L. P. = Last menstrual period

No.	NAME, AGE, CASTE SEX.	HISTORY.	TREATMENT.	RESULT & DAYS TREATED.
<i>Menorrhagia.</i>				
1	K. V. H. 18. F.	Bleeding 6 days Last Period 35 days. Lasted 3 days. C. H. O. Ab. 1 year back.	Asokarasa kriya 10gr T. D.	4 days contraction increased 10 to 12 clots thrown out much bleeding.
2	Mrs. S. H. 19 F	Bleeding one week L. P. 20 days lasted 4 days C. H. O. Ab. O. Anaemic.	Liq. Ext. Asoka M. 30. T. D.	Lot of clots thrown out, bleeding profuse died. (7 days)
3	B. H. 16. F.	Bleeding 5 days L. P. 1 month lasted 4 days C. H. O. Ab. O.	do	15 days bleeding continued.
4	Mrs. K. V. H. 25. F.	Bleeding 10 days L. P. 2 months lasted 3 days C. H. 4. Ab. O.	Liq. Ext. Asoka M 20 T. D.	Improvement slow treated 15 days.
5	V. H. 22. F.	Bleeding one month C. H. one of 4 years Living.	do	Treated 1 month no Improvement.

Leucorrhoea.

1	S. H. 20 F.	3 months. C. H. 1 of 3 years	do	Treated 20 days. Leucorrhoea cured became Pregnant.
2	K. K. 30 F.	2 years C. H. widow.	do	Treated 1 month reports healthier.
3	Mrs. A. M. 16 F.	2 months C. H. O Ab. O	do	Treated 19 days cured.

Amenorrhoea.

No.	NAME, AGE, CASTE SEX.	HISTORY.	TREATMENT.	RESULT & DAYS TREATED.
1	Mrs. K. V. S. H. 20 F.	C. H. I died Ab. 2 One & two years back, Amenorrhoea & leu- corrhoea.	Ext. Asoka & Asokadivati.	2 months whites cured without men- struation carrying ; delivered healthy chil- dren is men- struating.
2	N. H. 16. F.	C. H. O. Complaint is of 1 year standing	do	Under trial (Reports with normal periods.

Irregular periods.

1	(No. 1 Menorrhagic.)	Developed after Menorrhagia.	Liq. Ext. Asoka M. 20 Td.	2 months set right.
2	Mrs. N. R. H. 17 F.	C. H. O Ab 1, one year.	do	2 months set right.

Feeling of pain in term of pregnancy.

1	Mrs. G. P. H. 25 F.	C. H. 4 Developed this from early months.	Vibro Asoka & Liq. Ext. Asoka.	2 months got better.
2	B. H. 16 F.	1st Pregnancy.	Extract Asoka Γ. D. M. 20.	10 days got better.
3	B. H 30 F. C. H. 4	Pregnancy 7 months labouring class.	Asokarishta 4oz. T. D.	2 days got better.

Cancer (Uteri).

1	S. H. 70 F.	C. H. 4 all healthy Can- cer 6 months duration, foul watery and bloody discharges, in contin- uance of urine. High Family.	Asokarasakriya vati 10 gr. T. D.	20 days No reaction.
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Inference.

Excepting in cancer and Menorrhagia the drug seems to be useful, and in the latter is an unreliable remedy if not an useless one.

Health and Hygiene

—:O:—

WOMEN'S HEALTH

Muscular Exercise For Women

(By PROF SHYAM SUNDAR GOSWAMI.)

The following are the foods rich in both iron and calcium :—

Almonds, whole wheat, bran, pure gluten, hazelnuts, molasses, egg yolk, dry fig, spinach, red root, turnip tops, mustard greens, lentils, olives etc.

The following foods are rich in vitamin A :—

Milk, butter, cream, egg yolk, sprouted beans, sprouted barley, bran, cabbage, celery, lettuce, spinach, tomatoes, etc.

The following foods are rich in vitamin B :—

Milk, egg yolk, fruits, cabbage, carrots, cereal, greens, nuts, bran etc.

The following foods are rich in Vitamin C :—

Raw milk, tomatoes, fresh vegetables, fresh fruits, sprouted cereals, greens etc.

Collulose in proper amount should be added to the diet, which will cause the food and its residue to move properly along the alimentary canal. Drink plenty of water. Avoid condiments of all sorts, highly spiced and rich foods, tea, coffee, cocoa and alcoholic liquors. They are highly injurious.

The amount of food will be determined according to the capacity of the stomach and the amount of depot fat accumulated in the subcutaneous tissue. Never eat if not hungry. Take a periodical fast.

Next we come to muscular exercise. We may place women under three classes : those engaged in manual works for earning their livelihood ; those who perform ordinary household works ; and those who practically lead a sedentary life. First of all let us emphasise the fact that all three classes need systematised muscular exercise, though not in the same amount. The object of systematised muscular exercise is not only to develop the symmetrical figure, strength and all-round physical fitness, but also to maintain the normal condition of all the vital organs as well as build better brain. For developing the finer contours of the brain which exhibit intellectual, emotional and volitional qualities special mental exercises will be scientifically combined with muscular exercise. Mental exercise should not be beyond the physical capacity of the individual.

The nature of mental exercise also will be properly determined. In addition to intellectual training, special exercises for developing the will power, power of control etc. will be incorporated in the training programme. Chaste attitude of mind should be developed.

MUSCULAR EXERCISE

Muscular exercise for women may be divided into the following stages :—

1st Stage : Elementary exercise will be taught. All the muscles of the body will be moved in all possible physiological positions and directions. Special care will be taken of the abdominal exercises executed in standing, sitting and lying positions will be properly selected and added to the programme. Constitutional exercise will be properly combined with alimentary exercise. Walking, running, swimming, riding and practically all sports are included and the constitutional exercises will be determined in accordance with the individual requirements and constitution. Walking, running, hill-climbing, swimming, riding and cycling are most suitable. How long this stage will be continued will depend upon the condition of the individuals.

2nd. Stage : At this stage, muscle building exercises will be adopted.

Muscle-building exercise may again be subdivided into Stage A and Stage B. After finishing Stage A, Stage B will be prescribed.

Stage A :—

Full contraction System (without instrumental aid) for muscle-building ; this will be combined with Controlling and organic exercise. The object of controlling exercise is to control all the skeletal muscles as well as internal muscular action. The main object of organic exercise is to influence the internal organs, while keeping the skeletal muscles unaffected to a great extent. If muscle-building exercise is scientifically combined with controlling and organic exercises, the most satisfactory results are expected.

Some alimentary exercise will not be altogether given up. The constitutional exercise will not be regularly continued.

Stage B :—

Either Wrestling Exercise with Graded Weight or Wrestling combined with Exercise with Graded Weight will be adopted. Either of these muscle-building exercises will be properly combined with Converging Exercise, Organic exercise and Constitutional Exercise. Some Elementary exercise also will be performed.

In addition to those physiological exercises methods of self-defence will be introduced for our women. Wrestling, Ju-Jitsu, Boxing, Lathi play, Sword or dagger play etc. are included under this head.

If the woman build themselves according to the above mentioned method, attainment of diseaseless body, symmetrical figure, feminine loveliness, vitality, strength, all round physical fitness and long life may be a matter of practical occurrence. They will have to be thoroughly prepared for motherhood. They will have such stamina and vitality that

they will not run the risk of losing strength, figure or beauty as a result of motherhood. Above all things, they should beget vigorous children.

In conclusion, let me state the chief factors that constitute the Scientific Training for Woman-making :—

- (1) Blood purification
- (2) Proper diet
- (3) Internal Cleansing
- (4) Muscular Exercise
- (5) Balanced Mental Exercise
- (6) Chastity of mind.
- (7) Sleep, rest and relaxation
- (8) Outdoor life
- (9) Other Hygienic measures,

SYMPTOMS OF MEASLES.

What to do for the Grave Disease.

Here are a few facts which everyone should know about measles.

1. A child in the early stages of measles may easily infect a large number.
2. After being exposed, measles does not develop for a period of from nine to twelve days.

SYMPTOMS.

The first symptoms of measles are :—

1. Eyes, red and watery. Eyelids puffy and eyes sensitive to light.
2. Child feels drowsy and irritable ; may complain of feeling chilly ; may have a chill ; likely to be feverish.
3. Hard palate and back of throat take on a dull, angry red colour. May be a few little red spots on the hard palate, and on the cheek inside, may be some small whitetipped reddish spots.
4. The child will be restless and thirsty.

After three or four days of these manifestations, little red spots will appear on the hair line and within twenty-four hours this rash will have spread over the body. (In from five to seven days the rash will begin to fade and in three or four days will be entirely gone.)

WHAT TO DO.

1. Keep the child in bed as long as there is any fever or cough.
2. Cover should be light but warm as a chill from cold or drafts may dispose to pneumonia.
3. Keep people away from the patient, especially anyone having a 'cold'.

4. Give milk and a little iced lemonade.
5. It is very necessary to keep the room darkened for the protection of the eyes of the child.
6. Call the doctor—measles is a grave disease.

As soon as scaling is complete and discharges from eyes, ears and nose have disappeared the child may go with others or return to school.

Reports of Societies, etc.

THE PUNJAB PROVINCIAL VAIDY CONFERENCE.

Dr. Dharam Vir's Groundless Propaganda.

The Working Committee, held on the 9th September, passed the following resolution :—

1. The dates 9th, 14th, and 15th November, be accepted for the 4th P. P. Vaidy Conference to be held at Ambala.
2. This committee records its deep sense of sorrow at the untimely death of the most learned Vaidya of Bengal, Shri Jogindar Nath Sen M.A., Calcutta and expresses heartfelt sympathy with the bereaved family.
3. This Sabha strongly condemns the vicious and groundless propaganda against Ayurveda, the national medical science of India, started by Dr. Dharam Vir, who as the President of the Gulab Devi Sanitorium, should have been strictly impartial in the matter.

In fact Dr. Dharam Vir seems to be a great anti-nationalist, as he is very much opposed to Ayurvedic and other Indian systems. He could appeal to the public without any offensive note against other systems. I think he has no right to criticise any system unless he has studied it. In a national hospital like the Gulab Devi Sanitorium it is essential that separate beds be allotted for Ayurvedic treatment of the patients, and who wish it should be allowed to be treated by the Vaidyas, Hakims and Allopaths. Dr. Dharam Vir wants to have monopoly of Allopathic system only and that also under his own personal instructions which I do not know how far he is right in the eyes of other Allopaths as far as his knowledge of Allopathy is concerned. I wish the members of the trust Committee would allow the Vaidy, in the sanitorium side by side with Allopaths.

SURENDRA MOHAN, B.A.

General Secretary.

DAYANAND AYURVEDIC COLLEGE, LAHORE.

Final Examination Results

(1) Vaidya Vachaspati Degree (4 Years Course)

Out of the 14 candidates the following students have been declared successful in the above examination by the D. A. V. College, Managing Committee:—

Roll No.	Name.	Marks obtained.
141	Rameshwar Singh	77½
142	Mani Ram	74½
143	Jagan Nath	824
144	Harish Chandra	811
145	Mathra Prasad	835
146	Ram Chand	766
147	Chaman Lal	740
148	Pyare Mohan	722
149	Dhan Dev	865
150	Dharam Dev	763
151	Ram Lal	803
153	Hari Prasad	709

(2) Vaidya Kaviraj Degree (2 Year Course)

71	Lak-hmi Narian	818
73	Krishan Chand	676
74	Sukh Ram	753
75	Sawaya Ram	663
76	Brahm Swarup	587
77	Hari Krishan	640
78	Vasu Dev	834
80	Dulat Ram	642
82	Gian Chand	639
83	Jagdish Ram	708
84	Chandra Dev	768
85	Mahavir Prasad	603
87	Madan Gopal	714
88	Vijya Nand	530
89	Someshwar Datt	672
91	Jaswant Rai	676
93	Ram Murti	898
94	Behari Lal	609
95	Sham Lal	574
96	Budhi Singh	773
97	Madhu Sudan Shastri	803
98	Desh Raj	645
99	Nitya Nand	668
100	Hardial	667
101	Brij Lal	813
103	Narinjan Dev	530
104	Raghubir Das	731
110	Jai Lal	703
113	Ram Chand	758

Following students are placed under compartment in the subjects noted against their names

Roll No.	Name.	Marks obtained.
152	VAIDYA VACHASPATI Gain Śwarup	in Nidan
81	VAIDYA KAVIRAJ Milkhi Ram	in Pharmacy
86	Durga Datt	in Sharir
102	Balkrishan	in Nidan

SURENDRA MOHAN B.A.

Principal.

Dayanand Ayurvedic College, Lahore.

Medical News & Notes

—:o:—

SWADESHI MEDICAL INDUSTRY.

Resolutions at Poona Medical Conference.

The following are some of the Resolutions passed at the 7th Session of the All India Medical Conference held at Poona on 25th, 26th and 27th April last :—

(1) This Conference strongly condemns the assaults by Police on Ambulance and Medical Workers on various occasions during the Civil Disobedience Movement.

(2) This Conference condemns the policy of Government in not inviting any representative of the independent medical profession to the Medical Conference held in Simla in June 1930, to consider the question of the creation of an All-India Medical Council.

(3) While this Conference is in favour of the creation of the Indian Medical Council, it is emphatically of opinion.—

(a) That it should be, if and when started, an independent and predominantly a non official body with an adequate representation of the independent medical practitioners—both graduates and licentiates—and should have a non-official elected President from the beginning.

(b) That its functions should be, among others, to maintain a uniform and minimum high standard of medical education in India ; and

(4) This Conference recommends that the Resident Medical appointments in Hospitals attached to teaching institutions should be reserved for recently qualified Medical Graduates of these institutions, in order

that they may have the opportunity of doing practical work before settling down in Private Practice or taking up Medical Service.

(5) This Conference reiterates its protest against the reservation of appointment of I. M. S. Officers in the Medical Research Department.

(6) This Conference is emphatically of opinion that the Central Medical Research Institute, on the lines advocated by the Fletcher Committee, should be established at a University Centre as soon as possible.

RESOLUTION No 15.

(7) This Conference recommends Government to give immediate effect to the re-constitution of the Governing Body of the Indian Research Fund Association as recommended by the Conference held in Simla on July 21st and 22nd 1930.

(8) This Conference recommends that pending the creation of the Central Medical Research Institute the Government of India should establish scholarships to be given to deserving Graduates of Indian Universities for proceeding abroad to get training in Special subjects.

(9) Whereas the Government of India are about to appoint Committees of Enquiry into the question of Indianisation of the army and retrenchment of expenditure, and whereas the Medical Administration in the Civil and Military Departments will form an important part of these enquiries, this Conference urges the appointment of a representative of the Indian Medical Association on each of these Committees.

(10) This Conference strongly disapproves of the arrangements proposed at the Round Table Conference for recruiting European Doctors in the Civil Medical Services for the purpose of rendering Medical aid to Europeans in this country.

(11) This Conference condemns the action of the Government in reserving certain specific posts in the Indian Medical Service Cadre for European Officers only of the Service and strongly urges that the 90 posts, contemplated to be released, under the Government of India Communique of 1928, by the Indian Medical Service, and to be handed over to the Provincial Medical Service whenever a temporary or permanent vacancy takes place, should be filled by Provincial Medical Service men only.

(12) This Conference condemns the policy of Government in continuing to nominate Officers in the Indian Medical Service in spite of the repeated protests of the Medical Profession as well as of the public, and urges that all nominations in that service should henceforth cease; and further that the selection into the service should be by an annual competitive examination to be held in India, and open to all medical practitioners registered in India.

(13) This Conference is strongly of opinion that the transfer of Officers of the Indian Medical Service to the Civil side should henceforth be stopped and that this service should remain a purely Military Medical Service ; this Conference further declares that the members of the independent medical profession are prepared to offer themselves for Military Service in any war that may be waged in the defence of their country ; and that they should thus serve as a reserve supply for recruitment in any defensive Military necessity.

(14) This Conference recommends that for the proper training of the Military Medical Officers, it is necessary to open an Army Medical College suitable for Indian Military requirements.

(15) This Conference recommends that the Army Department and the Government of India should inquire into the service conditions as also the terms of retirement of the temporary officers in the Indian Medical Service; and that these officers should be given a gratuity commensurate with the length of service they may have put in as temporary officers.

(16) This Conference recommends the formation of a scheme to promote legislation for the Indian Ambulance Convention on the lines of the Geneva Red Cross Convention, to the purpose of the statutory recognition, by the Civil and Military authorities in India, of the neutrality of the injured and the wounded and the sick ; and of the ambulances, hospitals and medical materials ; of the medical and nursing staff, and the personnel of the hospitals, ambulances and allied corps during the ordinary times of peace as well as during civil commotions, riots and war.

(17) This Conference is of opinion that the time has now arrived for the constitution of the Ministry of Health in every province with a view to pursuing an energetic policy of sanitation and medical relief in the country.

(18) In order to render India self-sufficient in respect of all the modern requisites for the practice of the medical profession and to promote medical industry, this Conference urges on all medical practitioners in India to encourage the use of drugs, sera, vaccines, surgical dressings, surgical instruments and other appliances of Indian manufacture.

To attain this end, schools and colleges of Pharmacy and technical schools for the training in the technique of the manufacture of surgical, electrical and mechanical instruments and appliances etc. should be established in India as early as possible by public spirited citizens to whom this Conference makes a special appeal for their early establishment.

(19) This Conference requests Government to consider the advisability of protecting the infant drug industry in this country, particularly

against the dumping of drugs, chemicals, etc. at low prices and even below cost price by huge foreign combines.

This Conference urges on Government the necessity of encouraging the development of drug-farming in India.

(20) This Conference is of opinion that it is high time that a Committee be appointed to compile the Indian pharmacopoeia.

(21) This Conference recommends to the Provincial Governments, Municipalities and other local bodies the immediate necessity of introducing medical inspection of school children within their respective jurisdiction.

(22) This Conference urges on Government the necessity of giving greater facility for the training of Indian women as nurses in the State hospitals and also urges the educated Indian women to take up the profession of nursing in larger numbers.

(23) This Conference is of opinion that in order to secure proper medical aid in rural areas suitable subsidies for fixed periods, not exceeding five years, be granted by the Government, and District and Local Boards, to Medical practitioners to encourage them to settle in practice in these areas.

(24) This Conference offers its heartfelt congratulations to the large number of medical men and women, to the medical students and to the Indian nurses all over the country, who have most ungrudgingly given every assistance in organising ambulance corps and hospitals where the wounded have been looked after with the greatest care and devotion during the last Civil Disobedience Movement.

(25) This Conference places on record its gratitude for the valuable services rendered to the Association by Dr. B. C. Roy during the tenure of his office as President of the Association.

Reviews and Notices of Drugs

—:o:—

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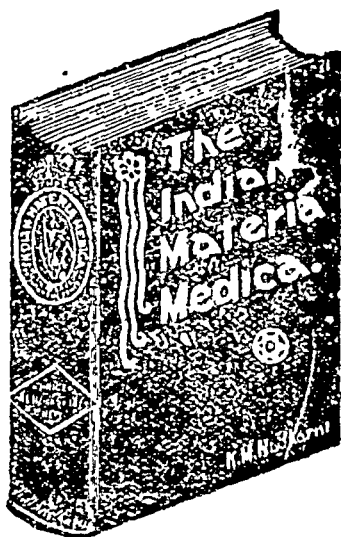
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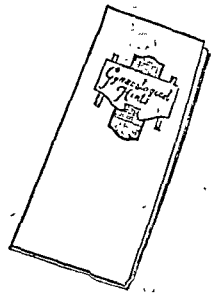
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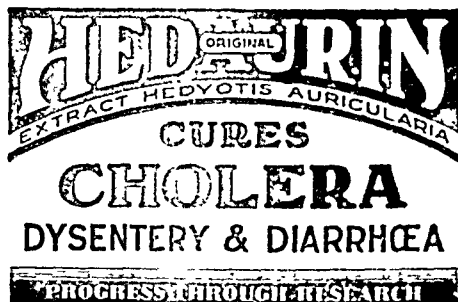
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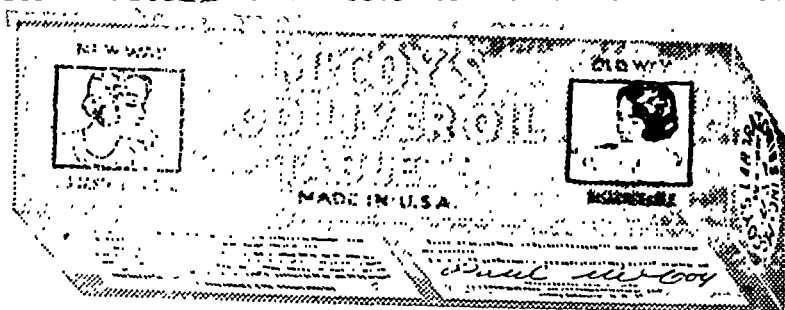
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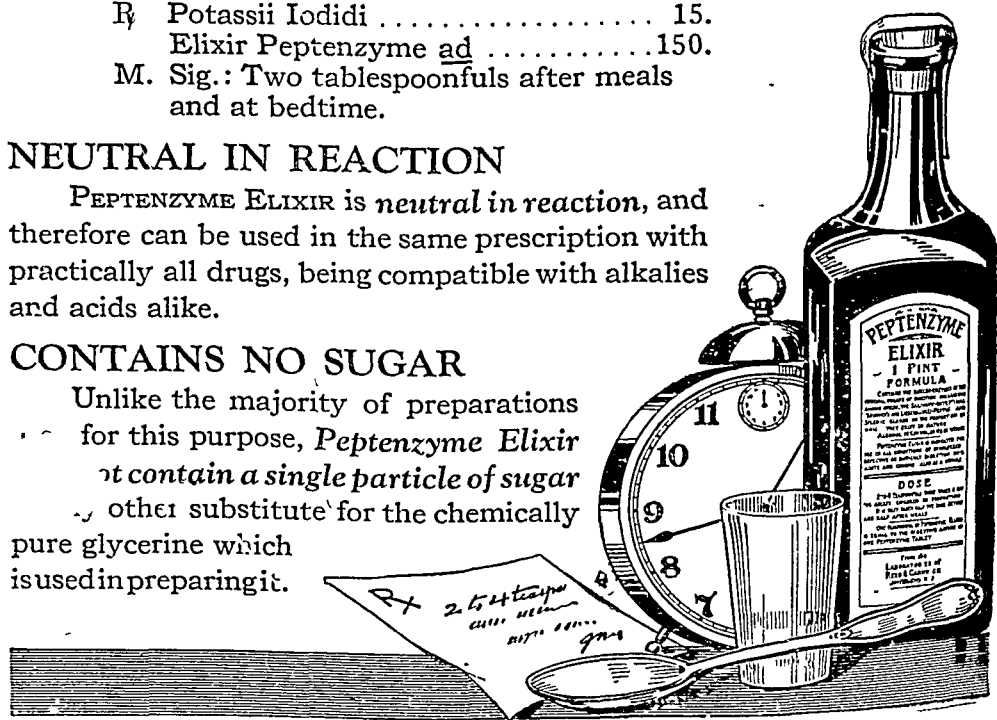
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THE JOURNAL OF AYURVEDA

Vol. VIII.]

December, 1931.

[No. 6.]

1931.

With the current issue, we bid a good-bye to the year 1931, and look forward to the new year with a mixture of hope and misgiving.

The famous Round Table Conference has come to a close technically and will be followed by a few more Committees to what results only future can tell. Although we do not claim to possess any power to foresee events yet in a previous issue we sounded a note of pessimism about the future of India's prosperity.

The year 1931 is, no doubt, a very important one in the history of India in many respects of apparently contradictory nature and the future weal of India will mainly depend upon the intelligent fusion of these apparently opposite ideas and elements into one composite whole. It will, of course, require master minds to undertake the task but there can be no two opinions that the ultimate good of India depends entirely on the intelligent handling of the delicate conditions now obtaining in this peculiar country.

Although we are mainly concerned with things medical, yet we cannot ignore the political and economical conditions now obtaining in India, as the latter do not spare us altogether. It is rather unlucky for us all that, along with her political unrest, India should be faced with an economical crisis as well, and, as it generally happens, innocent business men and professionals should be the worst sufferers. With the fall in prices of raw materials, the poor agricultural population of this country can hardly pay their land revenues and taxes, the first

charge on their income, not to speak of spending money on other necessities and luxury. In India the cultivators constitute the bulk of the population (about 85 P. C.), so that when they are so hard hit, it is but natural that the other 15 per cent, depending on them, should also be similarly hit. Even the Government with all its resources could not escape this financial trouble and has been forced to find out ways to evade a crisis by cutting down its expenses and increasing taxes. The trouble, the Government of India now is in, is a reaction of its past policy of extravagance. In times of affluence, it did not care to lay by something for evil days and increased, instead, the salaries of its servants and military expenditure inordinately with the consequences already mentioned. It is still following the old policy of fresh taxation forgetting that the camel's back may ultimately break. The present economical unrest in India is partially due to Government's wrong way of handling finance. It is now apprehended that the actual yield from the new taxations may fall far short of what was expected by the finance member during the last budget preparation.

It is, however, beyond our jurisdiction to blame or praise any particular party or individual, but this cannot be gainsaid that we, men of independent profession, are the worst sufferers without any relief from any quarter. We know business and politics go ill together and as such it behoves every businessman to keep aloof from active politics. It should be our lot to wait patiently for better days when real adjustment comes to be effected amongst the contending forces. We have every reason to believe that the present state of uncertainty cannot continue longer and, God willing, better days will visit us soon.

The much-talked-of All India Medical Council Bill is now ready which aims at constituting an Indian Medical Council on the basis of British Medical Council and thus

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putting a stop for good to all unpalatable controversies between General Medical Council on the one hand and the Indian Universities on the other. We have not yet gone through the entire bill but we hear that there are some clauses which do not meet with the approval of all sections of the medical profession in India. However, we hope to deal with the subject fully in a later issue.

The final report of the Drugs Enquiry Committee is also released from the official custody and it constitutes an interesting reading. Although we do not fully endorse all the recommendations contained therein, yet some of the recommendations made therein will not fail to do good to the people as also to the manufacturers when translated into action. We have a mind to return to the subject later on.

H. N. C.

Reviews and Notices of Drugs

—:o:—

PAINOL

We have received samples of the above medicines from Messrs. Star Medical Hall, Ayurvedic Branch, of 156, Harish Mukherjee Road, Bhowanipur, for trial.

We have tried the medicine on our patients and have found same effective. It soothes pain of all kinds, muscular, neuralgic or otherwise, in a very short time after application. The medicine is indicated in neuralgia, rheumatism, gout and other similar pains. We are glad to report that the medicine is better than many so-called specifics against similar maladies. The medicine is prepared from well-tried vegetable drugs, the formula being supplied by Kaviraj Sudhindranath Mukherjee, L.A.M.S.

We congratulate the Star Medical Hall for introducing Indian remedies in this way and wish the preparation a good future.

The medicine is obtainable from the proprietors of the above firm. The price is only As. 10 per phial.

Late Babu Haridas Dutta

We regret to announce the death of Babu Haridas Dutta, proprietor of the well-known 'Lila Printing Works' at the age of 65.

The melancholy event took place at his Calcutta residence on the 24th of October, 1931. Babu Haridas Dutta was a close friend to late Kaviraj A. C. Bisharad, the founder and managing Editor of Journal of Ayurveda. The deceased Mr. Dutta had been always friendly to us and the smooth conduction of our Journal owes much to him.

Haridas Babu was born in a suburb of Calcutta in May, 1867 of a respectable family. His career in the primary and High Schools was uniformly good where he secured Scholarships. He passed F. A. and B. A. examinations with Distinction from the Calcutta Presidency College. He was appointed later Head master of Dinapur H. E. School which he had to leave due to ill health.

He served afterwards as the Sub-Editor of "Samaya", the then well renowned vernacular daily. After serving the newspaper for about six years he bought a Printing Press of his own under the name and style "Lila Printing and Binding Works" from its proprietors and edited and published two vernacular papers, one daily and the other weekly, named "Dainik Chandrika" and "Hindustan" respectively from the year 1904. Thenceforward Hari Babu became widely known and respected for his impartial editorials and honest publishing of news. The daily had a wide reputation in its days as being the best vernacular daily of the time. Even the Government was pleased with his up-to-date and instructive editorials and eventually the then Governor of Bengal awarded him a certificate of honour (Kavi Bhusan) on the occasion of His Majesty the Emperor George V's Coronation Durbar at Delhi.

Besides editing the newspapers named, he contributed much to the field of Bengali literature. His dramas, especially "Saraju Prayan" and "Apurna" are valuable additions to the dramatic literature of Bengal.

He was social, amiable and always kind to his co-workers and servants and these are the qualities that pushed him up to the fame he achieved.

He leaves behind him two sons, one unmarried daughter, a widow and a host of friends and relatives to mourn his loss.

We fervently pray that his soul may rest in peace. We also offer our sincere condolence to the bereaved family.

H. N. C.

Original Articles

FEVER IN AYURVEDA

BY

ASHUTOSH ROY, L.M.S.

Hazaribagh.

(Continued from our last issue).

ANALYSIS OF PRESCRIPTIONS USED IN FEVERS WITH ONE OR TWO DOSHES DERANGED

(1) *In which Aconite is used alone*

(a) *Aconite alone not mixed with Neem*

Agnikumar Rasa—It contains Aconite mixed with

Black Pepper—carminative

Boeh (acorus calamus)—carminative

Mutha (C. Rotundus)—diuretic, diaphoretic

Kur (Aplotaxis Auriculata) - stimulant, aromatic

Mixed with ginger juice and made into pill.

It is good in Fever with deranged chyle (shyam stage of fever) when given with 'Anupan' (adjunct and corrective) viz. honey, pepper and pulv. ginger.

In Kapha fever—with honey and ginger juice or with honey and juice of Nishinda (vitex Negundo)

In the beginning of Sannipat—with pulv. pepper and ginger juice to check kapha.

In anorexia as complication of fever—with ginger juice.

In indigestion as complication of fever—with pulv. cloves or with Borax, mercury and sulphur, calcined cowries (burnt shell of 'kourie') and burnt conch-shell, rubbed in Lime juice.

In dropsy as complication of fever—with decoction of Dasamul.

In diarrhœa as complication of fever—with pulv. ginger or with juice of mutha (C. Rotundus)

In mucus diarrhœa—as complication of fever with coriandar seed

In rectal diarrhœa as complication of fever—with honey and decoction of Kut (*Saussurea Lappa*)—antispasmodic.

In chronic diarrhœa in fever—with Mercury, Sulphur, Borax, Iron, Opium and *Ptychotis*

In asthma with fever (*Bronchial asthma*) - with mustard oil and old treacle.

It is generally a good stomachic, digestive and appetizer in shyam stage of fever, as in acute and chronic fevers with various complications :—anorexia, nausea vomiting, indigestion, tympanites, diarrhœa in Kapha fever with pain all over the body in bronchial asthma etc.

Kaphaketu Rasa—It contains Aconite mixed with

Borax—antacid, good for throat

Burnt conch-shell—antacid, good for throat

Long pepper—carminative

Made into pill with ginger juice to be given with “Anupan” like ginger juice and honey or juice of betel leaf and honey.

It is useful in “Kapha” diseases generally *e.g.* fever with Kapha deranged, catarrh, sore-throat, asthma, fever with discharge from Nose and Ear.

It is contraindicated in cases of children, delicate and pregnant women as also patients dull, sleepy and apathetic with anorexia and bad odour in mouth.

A similar preparation used in hoarseness and loss of voice is Bhairab Rasa.

Sambhunath Rasa—It contains aconite mixed with

Sulphur

Black pepper

Opium

Mixed with water and made into pill.

It is useful in fever of opium-eaters and contraindicated in children and is good in fever with brain complications like delirium, mania, sleeplessness with pain in joints and all over the body. It contains very big quantity of opium (17 grains in 41 grains) and is made into one grain pill.

Sacchanda-Bhairab-Rasa—contains Aconite mixed with

Burnt copper

And mixed with juice of “*Dhatura*” leaves

Given with “anupan”—ginger juice, Rock salt and Sugar

- It is indicated in fever with Brain symptoms in urinary diseases.

Tripura-Bhairab-Rasa—contains Aconite mixed with

Borax

Sulphur

Burnt copper

Seed of Danti (*Baliospermum montana*)—Laxative

To be made into pill with juice of Danti

Given with "anupan"—ginger juice

or pepper, ginger and sugar.

It is useful in Nava-jvara (shyam stage of fever) with indigestion, urticaria, dropsy in fevers of Vayu variety.

(b) *Aconite mixed with Neem.*

Jayabati—Aconite and Neem are mixed with

2 peppers and ginger

Vidanga (*Embelia Ribes*)—carminative

Turmeric—carminative

To be rubbed in goats' urine

It is indicated

in Vayu fever—mixed with honey and ginger juice

in Pitta fever—with honey and juice of leaf of Karala (*Momordica charantia*)—Laxative, or with honey and juice of khetpapra.

In Niram Stage of Vayu and Pitta fevers—with honey and juice of Sewli (*Nyctanthus Arbor Tristes*) which is antibilious febrifuge in Pitta fever.

In enlarged Liver and spleen with chronic fever—with honey and pulv pepper.

Jayanti-bati—Aconite and Neem are mixed with

Boch (*Acorus calamus*)—carminative

2 Peppers (Black and Long)—carminative

Aknadi (*Cissampelos Pariera*)—Diuretic

Talispatra (*Abies Webbiana*)—expectorant

Jayanti (*Sesbania Ægyptica*)—astringent

Aswagandha (*Withania Somnifera*)—stimulant, Nervine
made into pills with goats' urine.

Indicated in Kapha and Vayu-Kapha fever

(2) *In which mercury is used often mixed with Sulphur.*

It may be noted that the metals and minerals are purified by special processes known as "Sodhan" or burnt into oxides and carbonates before being used as drugs.

Amrita manjari—It contains besides mercury as cinnabar

2 peppers—carminative

Jaitri (mace)—carminative

Borax

Mixed with juice of Gora Nemu (citrus acid) and made into pills.

Sreram-Rasa—contains besides mercury and Sulphur

Black pepper (carminative)

Croten seed (purgative)

Mixed with decoction of Danti (*Baliospermum montana*)

—Laxative.

It is useful in Vayu and Kapha fevers with constipation.

Baidyanath-Bati—contains besides mercury and Sulphur

Mixed as Kajjali (Black sulphide of mercury)

to which are added

Pulv. Katki (P. Kurroo) Laxative

Juice of Karela (*Momordica charantia*) bitter, or decoction of "Triphala" (3 myrobalams)—Laxative

Anupan (Adjunct)—Juice of betel leaves and hot water or juice of *M. Charantia* and hot water.

It is useful in fever with constipation. It produces evacuation without any griping at all.

Udak-manjari Rasa—contains besides mercury and sulphur

Calcined Borax

Black Pepper

Sugar

Mixed with Bile of "Rohee" fish and made into pills

Adjunct—ginger juice

It stimulates "Pitta" and is good in Kapha and Vayu-Kapha fever.

If excess of "Pitta" is stimulated, give rice gruel and whey as food.

Achinta-Sakti Rasa—Mercury and Sulphur are mixed into

"Kajjali" to which are added juices of

Bhringaraj (*wedelia calendulaceae*)—alterative

Thalkuri (*Hydrocotyle Asiatica*)—alterative

Kesur (*Eclipta Alba*)—good in vayū-kapha

Aparajita (*clitoria Ternatia*)—purgative

Nishinda (*vitex Negundo*)—antifebrile

Geemia Sag (*Mollunga cerviana Ternatia*)—Bitter

Hurhura (*cleome viscera*)—carminative

Spinach, or Palang Sag (*Beta meritima*)—carminative

Kantanatia (*Amaranthus spinosa*)—diuretic

To which are added—

Swarna makshika (Iron pyrites)

Black pepper

And rubbed with a piece of copper in a copper vessel
and made into pills,

good in Vayu-Kapha fever—If after taking this medicine there is
much thirst—Give water to drink and meat soup
as food

headache—Cooling application to the head like
Narain Taila.

Jvara-Dhumketu—contains mercury and cinnabar, as also

Samudra phena (sundried sea salt)

Sulphur

And made into pills by mixing with ginger juice.

Troilokya Dambara Rasa—contains mercury, sulphur and copper
besides

Pepper—carminative

Croton seed—purgative

Myrobalum—Laxative

Tewari—(*Ipomœa Digitata*)—purgative

Makia gab (*Diospyros melanoxylon*)—astringent

Mixed with juice of mansa (*Euphrobia Nerifolia*)—which
is a purgative

Good in Vayu-Pitta fever

Paipati Rasa—Take mercury and sulphur and mix with juice of
Bhringaraj (*Wedalia calendulaceæ*)—add copper and Iron
and rub in an iron mortar with juices of

Nishinda (*vitex Negundo*)—antifebrile, good in Kapha

Vasak (*Adhatoda vesica*)—expectorant, good in Kapha

Bamanhati (*C. Siphonanthus*)—good in Kapha

Jayanti (*Sesbania auriculata*)—stimulant

Triphala (3 myrobalums)—Laxative

Ghrita Kumari (*Aloe vera*)—Laxative

Trikatu (3 bitters)—carminative

Chitra (*P. Zeylanica*)—stimulant

Medi (*Lawsonia Alba*)—astringent

Good in Vayu-Kapha

Ratna-Giri Rasa—Take Diamond, Pearl, Iron, Tale and Mercury as Sulphide (*Rasa Sindura*), mix with juice of Bhringaraj and after drying make into powder and then mix with juices of the following :—

Sajina (*Moringa Pterygosperma*)—pungent

Vasak (*Adhatoda vesica*)—expectorant

Kantikari (*Xanthocarpum*)—diuretic, expectorant

Nishinda (*Vitex Negundo*)—antifebrile, good in Kapha fever

Gulancha (*T. cordifolia*)—antifebrile, good in Vayu fever

Boeh (*Acorus calamus*)—carminative

Chitra (*P. Zeylanica*)—stimulant

Bhringaraj (*Wadelia calendulacea*)—Tonic

Bhui-kumra (*Speranthus indicus*)—astringent

Brahmi (*Herpestris monnuria*)—Diuretic

Jayanti (*Sesbania Ægyptica*)—astringent, good in spleen

Bak-phul (*Sesbania grandiflora*)—astringent

Titaraaj (*Amoora Rohituka*)—astringent

Ghrita kumari (*Alce vera*)—purgative

Note—Similar preparations are :—Troilokya Chintamani Rasa and Sarvanga Sundara Rasa.

Sometimes Diamond and Pearl are omitted from the above for economy. It is an alterative tonic in various diseases with suitable "anupan"

Navajvara Singha—Take Mercury, Sulphur, Borax

Long and Black Pepper

Opium

Mix with juice of Dhatura and make into pills.

Adjunct—Juice of Akanda (*Calatropis procrea*) and Trikatu (the 3 peppers).

It is a good sedative and is particularly useful for those who habitually take opium.

It is indicated in Vayu-fever with shivering and pain in the joints, fevers ending with perspiration (malaria), in rise of temperature particularly marked in the evening and at night.

If constipation—give with ginger juice

If Vayu-Kapha fever—give with juice of "Akanda"

(*C. Procrea*)

Sitabhanji Rasa—Take Mercury, Cinnabar, Sulphur, Croton seed and mix with decoction of

Danti (*Baliospermum Montana*) and make into pills with ginger juice

It is useful in intermittent fevers with shivering fits and constipation. It is a good purgative antifebrile. When this medicine is taken, suitable cooling food and drink like cold water, juice of mug (*Phaseolus mungo*), juice of sugar-cane etc. should be given.

(3) *In which Arsenic is used alone not combined with aconite or mercury.*

Jvara Brahmasira—Take white arsenic and soak it in cow's urine for 3 days and then in juice of Kuksima (*celsis coromandeliana*—an antifebrile) for a day and wash in cold water. Take 1/9th of a grain and administer in a lump of sugar.

Good to check intermittent fever, before the onset of paroxysm.

Kharabati—Arsenic is mixed with Potash Bicarb and powdered rice and made into pills with cold water.

It is useful in Vayu-Kapha and Pitta-Kapha Fevers with excess of fever.

It should not be given to old men, young persons and delicate individuals. Sometimes after its administration, complications like vomiting and purging take place (mild-arsenical poisoning), to avoid which reduce the dose and give with honey and ginger juice.

Don't give acid after the fever is checked after administering it.

Kasturi Bhusan—Take Musk, Mica, Silver, Gold, Orpiment add Trikatu (the 3 carminatives.)

Camphor

Rudrakshya (*Elæocarpus Ganitas*) relieves headache

Bamanhati (*C. Siphonanthus*) expectorant

It is antispasmodic, digestive, expectorant in fever.

(4) *In which Aconite and mercury are combined.*

Mrityunjaya Rasa—Take purified Aconite, Cinnabar, Sulphur, Borax, the 2 peppers and mix into pill with water.

Adjuncts :—

If constipation—give with ginger juice

If free evacuation—give with juice of Betel leaf

If Vayu fever—give with honey

If Pitta fever—give with honey or cocoanut water and
sugar

If enlarged spleen—give with pulv “Kalajira” (seed of
Nigella Sativa) and old treacle.

If headache with constipation—give with ginger juice
and juice of Betel leaves then after one or two
motions with pulv “Kalajira” and honey.

It is also useful in Niram stage of fever, in remittent and
typhoid fevers.

Jvara-Murari Rasa—It contains the ingredients of the above
preparation mixed with purgatives like pulv. ginger,
myrobalum croton seed and calcined Borax.

One 2 gr. pill with ginger juice to be given in the Niram stage
of fever every morning after the 5th, 6th or 7th day.

It is contraindicated in children, old men and delicate persons.

Hinguleswar—contains Cinnabar, Aconite, Long pepper made
into pill

Adjunct :—

In Vayu fever—with honey and hot water

If constipation—with ginger juice

If relapse—with pulv. pepper

Prachanda Rasa—Aconite, Mercury and Sulphur are boiled in
vapour of juice of Nishinda (vitex Negundo)—It is a strong
preparation and when given, cooling and soothing food
like whey and soothing oil on the head should be given.

Tarun-Jvarari—Mercury, Sulphur, Aconite and Croton seed to
be rubbed into pill with juice of

Ghrita kumari (Alce vera) to be taken with sugar and
water.

It is a laxative antifebrile, not so strong as Jvara-murari
Rasa. Contraindicated if much burning with perspira-
tion, sleepiness or delirium.

Protap-Mantanda Rasa—Aconite, Cinnabar, Calcined borax and
Croton seed made into 2 gr. pills with water.

It is a laxative antifebrile.

(To be continued.)

NEW LIGHT ON AYURVEDA.

BEING THE PRESIDENTIAL ADDRESS OF THE

21ST ALL INDIA AYURVEDIC EXHIBITION

Held on 27th, 28th, 29th December 1930 in Mysore

-BY

VAIDYARATNA DR. P. SUBBARAO, B. Sc., F. C. P. S.,

*Bhishagacharya Adhyaksha Andhra Ayurveda
Visva Vidyalaya, Cocanada.*

My first words on this memorable occasion ought to be words of thankfulness. I am extremely thankful to the organizers of this remarkable Ayurvedic Sammelan for the rare honour, that they have been kind enough to do me, in inviting me to open this "All India Ayurvedic Exhibition" for this year. Friends, I feel I should give expression to the feeling of thankfulness, not so much for the visible tangible honour that has been done to me, but for the valuable opportunity that they have thus created for me, not simply to meet and exchange kind words with my fellow brothers and sisters, coming, as they do, from all parts of this historic land, which certainly I regard as a precious privilege in my life, but also to provide for me a fitting occasion for placing before them certain views which, after a long and laborious research, I have come to possess and cherish regarding the great science of Ayurveda and its unique mission in the world.

In opening this remarkable exhibition it is perhaps proper that I should speak of our indigenous drugs and of the methods in which Ayurvedic medicines are to be manufactured, as well as the inherent superiority of our system of medicine to all the other systems of the civilized world. But, I am sorry, I shall have to some extent disappoint you, in as much as, I do not propose to treat any of these matters. I would, instead, invite your careful thoughts to certain other matters of far more vital importance, that go to the very root and affect the deepest foundations of the science of Ayurveda.

You are all very well aware of the prejudices against Ayurveda that are commonly prevalent among us, at the present time,

not only among those that have had a purely Occidental education or training in medicine, but also among those that have made a serious study both of Occidental as well as Oriental medicine. These prejudices have held the field for such a long time and they are dinned into our ears by their votaries with such persistence and force that the average mind cannot possibly escape being impressed by their weight and authority. And so it was with me, now some ten years ago, when I had just emerged from an academic course in Western Medicine. But, though at first I naturally fell an easy prey to these ideas and was led to distrust and despise Ayurveda, some time elapsed, when to my great fortune my eyes were suddenly opened to the priceless treasures that are enshrined in our sacred Vedic Literature. And then, I found to my great wonder and enlightenment, that the several religious rites observed by us in our daily lives are not only not unscientific and superstitions, as I had thought before, but were full of extra-ordinary scientific significance and value. I then undertook in my own humble way, the huge work of making a careful study of what is generally known among us as Ayurvedic literature as well as of the Vedas, which are the holiest of our National Scriptures. When I did this even in some superficial manner, I was led to the following conclusions :—

- i. that the Vedas are primarily treatises on medicine and Surgery, the Rig Veda dealing chiefly with the former and the Yajurveda and Atharva Veda with the latter,
- ii. that these three Vedas are the principal sources of Ayurveda.
- iii. that the Ayurvedic Triad, the Vridha Traya, as they have come to be called—the Charaka, the Susruta and the Vagbhata—are only subsidiary works, which, while they are in general agreement with the Vedas, seek to adjust their principal doctrines to the needs and conditions of the times in which they were written.

In support of these conclusions I do not intend to trouble you with a survey of the whole domain of research that I have so far been able to cover. I would only invite your attention to a careful and impartial consideration of two or three branches of Ayurveda which to my mind conclusively prove its intrinsic worth. They are :—

- i. The Nadi Nirnaya Sidhanta or Pulse-examination.
- ii. The Krimi Sidhanta or Bacteriology.
- iii. The Sajeeva-sareera-parisodhana or Vivisection.

I shall now proceed to deal briefly with these three important branches or bhagas of Ayurveda.

i. THE NADI NIRNAYA SIDHANTA.

As I enter upon this subject or even while I am on the threshold, I feel I am unconsciously involved in a sort of controversial warfare. I feel I am arrayed against some of the foremost Ayurvedic scholars of the day, who hold that the Nadi-sidhanta has no place whatsoever in the Ayurveda mata, and that when our conquering Aryan ancestors came down to the south into contact with the Dravidian races they learnt from them this as well as a number of other methods of diagnosis and treatment of disease.

But, with due deference to these distinguished men I would submit that they are perhaps in the wrong, for there are in our Vedic Scriptures which are universally recognized as the very first expressions of Indo-Aryan genius, scores of passages which all unmistakably point to the conclusion not simply that the Nadi-vignana is a branch of Ayurveda Vaidyasashtra, but, what is more striking, that the whole of this ancient system of medicine rests primarily upon it.

Instead of wasting any more words I would at once recommend to your impartial study the following Sruti Texts which have been brought together from different corners of the Veda.

- श्रुतिः १. अग्निर्मे वाचिधितः, वाग् हृदये, हृदयं मयि, अहममृते अमृतं ब्रह्मणि ॥
२. वाक्प्रवर्तकसिरा धमनीः प्रज्वलयति स्पन्दति ॥
३. वायुर्मे प्राणे श्रितः, प्राणो हृदये, हृदयं मयि, अहममृते, अमृतं ब्रह्मणि ॥
४. अग्निर्वा आदित्यः सायं प्रविशति, तस्मादग्निर्दूरात्तद्वशे सूर्यश्चक्षुर्गमयतु, सूर्यो मे चक्षुषि, तौ चक्षुर्हृदये, हृदयं मयि, अहममृते, अमृतं ब्रह्मणि ॥
५. चन्द्रमा मनसि श्रितः, मनो हृदये, हृदयं मयि, अहममृते, अमृतं ब्रह्मणि ॥
६. रेतो वा आपः, आपो मे रेतसि श्रितः, रेतो हृदये हृदयं मयि, अहममृते, अमृतं ब्रह्मणि ॥
७. पृथिवी मे शरीरे श्रितः, शरीरं हृदयं, हृदयं मयि अहममृते अमृतं ब्रह्मणि ॥
८. ओषधयः सोमे रान्ति प्रविष्टाः, पृथिवी तनुः, ओषधिवनस्पतयो मे लोमसु श्रिताः, लोमानि हृदये, हृदयं मयि, अहममृते, अमृतं ब्रह्मणि ॥

9. इन्द्रो मे वल्ले श्रितः, वल्लं हृदयं, हृदयं मयि, अहमस्मते, अस्मृतं ब्रह्मणि ॥
10. यावत्तनूरुहस्तावत्तनूरुपि विसति, पर्जन्यो नोपचिन्नस्पतयः प्रजायन्ते, पर्जन्यो मे सृष्टिं स्थितः, सूर्ध्वा हृदये, हृदयं मयि, अहमस्मते, अस्मृतं ब्रह्मणि ॥
11. वनस्पतिप्रेरितं वन्युर्भवति, ईशानो मे मन्यो स्थितः मन्युर्हृदये, हृदयं मयि, अहमस्मते, अस्मृतं ब्रह्मणि ॥
12. ईश्वरप्रेरितचेष्टाशयं हिताहितकार्येद्देश्यविषयप्रवर्तकचेष्टाशयं शरीरम् ॥
13. ईश्वरप्रेरित चेष्टाशयं कीदृशं चैतन्यम् ? चक्षुर्वद्रूपयाश्चकत्वाभावात् । श्रोत्रेन्द्रियवत्-
क्षयाहकत्वात् चैतन्यस्वरूपं शब्दस्य दनरूपेण गृहीतुं शक्यत इति ॥

I humbly contend that these passages contain in them a complete statement of the Ayurvedic doctrine of Nadi Vijnana. Put shortly, the substance of these Texts is that the Hridaya Spandana (cardiac movements or arterial pulsations) is a complete index for every living body of all physiological, pathological and even psychological conditions, and that these pulsations or movements are transmitted by the blood to the periphery.

It was this doctrine that was in later times expounded by the three great Ayurveda Acharyas in the form of what they called the Tri Dhatu or Tri Dosha Sidhanta.

Some modern scholars have not however recognized this Tridosha Sidhanta as having any thing to do with the Nadi Vijnana. But this is not quite correct. On the other hand, when we consider those passages in Vagbhata which deal with this matter side by side with the Vedic Texts referred to above, one is deeply struck with their perfect agreement in declaring that the Vedic Hridaya-spandana is no other than the Tri-doshotpatti of Vagbhata, for both assert emphatically (and this to my mind seems to be the most conclusive proof of the point) that the Spandana as well as the Tridosha arise in the very biological process of the formation of blood or Amrita as the Veda calls it.

To clarify this point, I may just quote to you a few passages from Vagbhatacharya.

1. श्री ॥ आदौ पङ्कसमुत्पन्नं मधुरीभूतमोरयेत्, फेनीभूतं कफंयातं विदाह्यादाह्नतां ततः ।
पित्तमाणाशयात्कुर्या च्यवमानं श्रुतं पुनः । अग्निना श्रोषितं पक्वं पिष्टितं
कटुं मारुतम् ॥
2. सू ॥ सर्वे रसाः पाकेन स्वादन्नकटुका भूत्वा यथार्थस्थिता रसाश्च तत्तत्फलदायका इति ॥
3. सू ॥ स्वादन्नकटुकाः पाक्या रसा यथाकफपित्तानिलाः समदीया यथा यथा योगफलदायकाः ॥
4. सू ॥ सुखदुःखमोहात्मिकाः सत्त्वपञ्चसमीगुणास्त्रयः प्रादुर्भवन्ति ॥

I may also mention here one other fact, which will further strengthen my position that the Nadi Sidhanta is an Aryan and therefore an Ayurvedic and under no circumstances a Dravidian doctrine. The three great Rishis whose monumental works on Nadi Nirnaya, Vyasa, Vasista and Agastha, can never by any stretch of imagination be proved to have sprung of the Dravidian race. Indeed it is only a common truism of Indian Culture and Indian Philosophy that they were thinkers of the Vedic period of Indian history.

ii. THE KRIMI SIDHANTA OR BACTERIOLOGY.

We many now pass on to that branch of Ayurveda which is concerned with the Bacteria. When we do so, we are at once impressed with the marvellous manner in which the Ayurvedists of yore built up a systematic science of Bacteriology.

I am quite aware of the fact that the weighty authority of some foremost Ayurvedists of the day is quite against me. Nevertheless, the more I reflect upon the meaning of some passages in the writings of some earliest writers on Ayurveda, like Bodhayana, Kausika and others, in conjunction with the Vedic mantra Brahmana beginning with "Atri natva krime hanmi", the more irresistibly the conclusion is forced upon my mind, that our ancestors were not only very familiar with but also made great advances in the science of Bacteriology.

To take into account only the most important topics of this useful branch of medicine, there are unmistakable authorities to show that the earliest writers on Ayurveda were well conversant with the existence of different kinds of bacteria, with the several ways in which they bring about disease, as well as, with the different methods in which they can be counteracted or destroyed. And what is more astonishing is that in all these matters they were not people, who merely made a beginning, but were people who were advanced in their studies and research to the farthest limits of which western medical men even of the present day can only dream.

Among the numerous Texts that come up to my mind when I think of this subject, I would only mention here a few choice ones that you may bestow upon them your most serious reflection. And I am sure that even a little thought will convince you of the truth of my contentions.

- i. That the early Ayurvedists knew fully well of the existence of different kinds of bacteria and of the different diseases produced by them, is clearly proved by the following text from Bodhayana ;—

i. नक्तचारिण उरस्पेशान् शूलहस्तान् कपालपान् पूर्वराषां पित्त्युच्चैः सायकणिकः ।
माता जघन्याः सर्वति गामे विधुरमिच्छन्ती ॥

Naktam charina means *krama charina* and includes all those bacteria that live in chains i.e. the strepto cocci, tuberculosis, anthrax, diphtheria; *uraspesan* means encapsuled corresponding to the bacillus aerogenous capsularis; *Soola hastan* denotes a pike in the fist and represents bacillus tetanus and *Kapala-pan* is the bacillus edematus maligni or cancer germ. These names are sufficiently self descriptive and there can be no mistaking. Further, It is said that these bacteria live (*Jaghanya Sarvati*) in the *Mutha*=prasoota's womb and likewise flourish upon the cervical discharges (*Karnika sravah*) and attempt at getting into the blood current *grame-pure sareere* (*grame—vidura michanti*.)

- ii. That they made a careful study of the growth and development of bacteria is well indicated by the following two passages from the same author.

ii. अयः शरीरे नक्तं उपवीर उलूखलः च्यवनी नश्यतादित खेशनीश्वलोमिनी खजापो ज्योपकाशनी अपेतनस्यतादित ॥

Sanda means a bunch of flowers and is here used to denote the staphylococci and sarcoma which live in groups and *marka* means a large belly; the term sanda-marka indicates that certain bacteria like the staphylo family which multiply by spore formation and others by fission or upa veera : *upaveera* means division into two independent halves like the division of the earth worm each half living as a whole worm.

Again the *Marka Janita* or sporeformation is divided into endospore represented by *khesani* meaning encased and orthospore or flagella represented by *Swalomini* meaning the rough hair, like that of the dog. Further, the endospore is a body containing a highly lustrous body vide *Jyopakasini* and is lame *Khajapa* in contrast with the motile flagella.

- iii. Of the ways in which they bring about disease, the following texts are ample proof :

i. मित्यवासपकौवेरका रचोरान्नेन प्रेक्षिता यामं स जानतो गच्छन्ती इच्छन्ती परिधातान् ॥

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i. नक्तचारिण उरस्थेशान् शूलहस्तान् कपालपान् पूर्वराषां पित्त्युच्चैः स्नायकशिकः ।
साता जघन्याः सर्वति गामे विधुरमिच्छन्ती ॥

Naktam charina means *krama charina* and includes all those bacteria that live in chains i.e. the strepto cocci, tuberculosis, anthrax, diphtheria; *nraspesan* means encapsuled corresponding to the bacillus aerogenous capsularis; *Soola hastan* denotes a pike in the fist and represents bacillus tetanus and *Kapala-pan* is the bacillus edematus maligni or cancer germ. These names are sufficiently self descriptive and there can be no mistaking. Further, it is said that these bacteria live (*Jaghanya Sarvati*) in the *Mutha*=prasoota's womb and likewise flourish upon the cervical discharges (*Karnika sravah*) and attempt at getting into the blood current *grame-pure sareere* (*grame—vidura michanti*.)

- ii. That they made a careful study of the growth and development of bacteria is well indicated by the following two passages from the same author.

ii. अयः शण्डो सर्क उपवीर उलूखलः च्यवनी नश्यतादित खिनीश्लोमिनी खजापो
ज्योपकाशनी अपेतनस्यतादित ॥

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i. मिश्रवासपकौवेरका रचोराजेन प्रक्षिता गामं स जानतो गच्छन्ती इच्छन्ती परिधातान् ॥

Raksho raja means infection and *prekshita* means stimulation, *kouberaka* means an animal with eight teeth and thirty two feet and is here used to denote that the blood cell throws out lateral teeth-like projections when stimulated by infection, *misra rasasa* = *achadanena misrita* and *jana* = *sookshma-roopi* or *adrisya-roopi* and applies to the germ, the prefix *saha* means together and suffix *thah* means in the same way, *paridha* means a circle. Thus we get that infection stimulates the blood cell to throw out lateral teeth-like projections and in the same manner the disease germ throws out hair-like projections on its head and becomes a flagella and joins the lateral chains of the cell projectors and form the circle of disease propagation.

- iv. The same learned writer Lord Bodhayana also prescribes methods by which all these infections may be prevented, controlled and cured. The following passages suggest those methods.

1. काण्डिरुधकादिर्केर उलुग्वान् न्यवनी नग्नता दिश ॥

The Phagocytic germs, the Staphylo and the Sarcoma, which thrive on *ulookhala* = *Chandala* = *Pabulum*, shall perish through inanition by the draining away of the *Pabulum*.

2. एतान्नग्रतैवान् गृह्णीतेषां ब्राह्मणस्युतः तानग्निः पर्यसरतु, तानहं वेदामन्नपः प्रमुशतः कूटदन्तान् विकेशान् लम्बनस्तान् स्वाहा ॥

Here the Lord announces his most striking discovery in the whole Bacteriology that the receptors which the infection has set up on the body of the blood cell may be made to fall out and in that case the course and direction of the infection is reversed with the result that the flagella when caught by the dislodged receptor loses all its infectiousness and becomes an antibody.

Nagnata = dislodged, *Brahmanah Putrah* = microbe (*Sookshma roopi*); *pramrusatah* = *sparsitah*, *koota danta* = dislodged receptor (tooth), *Vikesa* = (*vigatha kesa*) flagella, *Lamba* = *Prabhava*, *Nasta* = *Nasa*.

A close study of these texts will reveal that Hindu Bactriology is not a myth but a veritable fact. It further proves that bacteriology is a part of the substructure of the system of Ayurveda and that it is not inconsistent or incompatible with the Tridosha theory, on which alone some of us have supposed Ayurveda to rest. It is also remarkable to note how these passages anticipate some of the most recent discoveries in the

field of Occidental Bacteriology—for instance the Ehrlich's side chain theory was long ago contemplated by the passages referred to above beginning with *misravasasa* and *ethonagnata*.

Similarly, the theory that holds the existence in the healthy human body of the most dangerous of all disease germs—the maningococcus, was foreshadowed centuries ago by the Ayurvedists of our country. Such a reference is found in the passage beginning with *Nisheda charini*.

१. निषेधचारिणी स्वसामन्विनापेक्षिते कुलं या स्वपंतं बोधयति यस्ये विजातायां मनः,
तासां त्वं हृणवत्सने क्षोमानं हृदयं यकृतं अग्रे अचीणे निर्दह स्वाहा ॥

Nisheda = *Nishidda* ; *Swapantam bodhayati* = gets irritated.

In the face of such clear testimony if some of us are prepared to declare that Ayurveda has no bacteriology, it would, I think, be nothing short of absurdity. To such I can only say that they should shake off their lethargy, in which they seem to be contented, and to apply themselves more seriously to a systematic study of the endless literature on Ayurveda.

This mistaken impression is owing to the common tradition that the *Vridha-traya* is the first and last word on Ayurveda. But it is noteworthy that *Sushruta* lays down an elaborate process of fumigation and sterilization both before, as well as, after an operation. In this he strictly follows the procedure set forth in *Pasupanna* of *Yazurveda* and the *Saiva Sruties* of *Rigveda*.

If *Sushruta* had stopped here it may be open to say that all this is only parasitology and not bacteriology. But fortunately, he actually makes mention of half a dozen kinds of *Rakta krimi* and a similar number of *kapha krimi*, referred to in the *Manthra Brahmanas* beginning with *atri natwa krime hanmi*. This is certainly bacteriology, however summary the treatment may be, and it rests heavily upon those, who take their stand on the *Vridha-traya* as the chief *Prastana* of Ayurveda and yet assert that we do not possess any Bacteriology, to interpret these texts in a manner which does not involve any reference to such a science.

१. मन्त्रब्राह्मणम् ॥ अविंशा त्वा क्रिमेहन्मी खख्वेन जमदग्निना विश्वावसोर्ब्रह्मणा हतः क्रिमीणां
राजा अप्येषां स्थततिहृतः, अथो माता, अथो पिता, अथो स्थूरा, अथो बुद्धाः
अथो कृष्णा, अथो श्वेता, अथो आश्रुतिका हताः श्वेताभिः सह सर्वे हताः ॥

iii. SAJREVA SAREERA PARISODHANA.

Another important branch of the Ayurveda to which I may with advantage refer you is the study of living bodies by means of what is to day familiar to our western medical brethren as Vivisection. I am sure that many among you will be astonished to learn that the science of Ayurveda really contains a branch of study which we may most appropriately name Vivisection.

We may go even much further than this. In the field of western medicine it is not more than three decades ago that the term vivisection came into any appreciable vogue. And it is no exaggeration to observe that our western brethren are almost at the beginning of their study. Not so were the Ayurvedists of ancient times. They not only conceived the possibility of this very useful science, but also made splendid advances in their investigations. Western medical men of to-day can at the most boast of a few successful, or perhaps more truly unsuccessful, experiments on certain members of the lowest species of the animal kingdom. Still less can they congratulate themselves upon having reached any definite conclusions, upon having produced any tangible results that have any certain or fruitful application in the field of medicine. To realize the high worth of the achievements of our ancestors in this direction, you should only read the Adhana panchaka of the srowta bhaga of the Yazurveda. There you have a body of literature that deals with vivisection not of some sporadic instances of the animal world, but of a systematic and graded study ranging from the birds and the reptiles up to man himself who is the crown and completion of all living creation.

It is not possible here to introduce you to all the details of this vast literature contained in the Yazurveda and later codified by the illustrious sage Kausika in his Karma Sontras. But I can assure you that there is in them sufficient testimony to show that our ancestors were all well versed in all the departments of the study of vivisection. Clear references are made to as many as 40 different kinds of Major Vedic Kriatus, each of them being devoted to the study of some particular species of the animal kingdom. In these studies they attached much importance to the following subjects :

- i. The functioning of individual vicēral organs.

- ii. The five main physiological systems or Kosas : the *Annamaya* or the alimentary-circulatory system, the *Pranamaya* or the respiratory system, the *Mano-maya* or the cerebro spinal system, the *Vijnanamaya* or the autonomic system and the *Anandamaya* or the genito-urinary system.
- iii. The phenomenon of sex-metamorphosis which is still a mystery to the modern scientists.

In addition to these important subjects, very interesting and instructive experiments also seem to have been made with extraordinary success relating to the therapeutic action of certain drugs on the animal bodies. This is a line of research which, to speak quite frankly, is utterly unknown to our western brethren even at the present day. And yet of all these things we have a clear and consistent exposition in the *Soma Panchaka* of the same *Srowta bhaga*.

CONCLUSION.

I think I should now bring this address to a close. In doing so, I would sincerely urge upon you all the great importance of serious and comprehensive research in the field of Ayurveda. What I feel I have done in this short address is only to place before you the barest outlines of what seems to me an endless research. Friends, I have taken long strides, very long strides indeed ! I have told you only of a very few of the unlimited and invaluable possessions that are embodied in the vast literature of the glorious science, which we have all the honour and the pride to study. What I have spoken today is but a drop in the limitless ocean of scientific investigation in which all these years of my devoted labours I have covered but one short span. This research is not confined to the two or three matters that I have dealt with in this address, but to several others which are equally, if not more, important. It is needless to trouble you now with a long catalogue of all these subjects. I would only mention of some of the most useful branches that will admit any number of earnest explorers and any amount of exploration.

They are :—

- i. Rasa bhaga.
- ii. Obstetrics and Pediatrics.
- iii. Practical operative surgery leading to the restoration of the lost senses of hearing, sight and speech, and tran-

splantation of limbs, even the head I mentioned in the *Saiva Sruties* connected with the *Dakṣha Yagnya*.

- iv. Rejuvenation contemplated by the *Putra-kamaisti* performed by Dasaratha, and transplantation of testicular glands to Lord Indra.
- v. Internal secretions with special reference to endocrinology and organotherapy.
- vi. The influence of the Moon and other planets on the vegetable drugs with special reference to eclipses.
- vii. Heliotherapy (Sun baths) with reference to the individual value of the seven colours (*Sapta asva*) contemplated by the Aruna mantras.
- viii. Water as a cure, similarly *Mrittika* contemplated by the vedic *Snana Vidhi*.
- ix. Laghvee-Karana of heavy metals (*varitara*) and other peculiar processes leading to vaporisation of metals and ionic treatment.
- x. *Dhatu Samśkarana* : influence of metals on other minerals in the composition of medicines when they do not get actually incorporated, for instance, the use of gold in the preparation of makaradhwaja.
- xi. Injections and administration of medicines by the parenteral route, *Astra Prayoga*. Astra asyata ityastram asyati = kshipati = prerati = to inject.

But this is a task which is impossible for a single individual, however diligent and intelligent he may be. What I may perhaps claim to have done is merely to have made a beginning and that too in the humblest form possible. Under the auspices and in the name of Andhra Ayurveda Visva Vidyalaya, I have had the fortune of doing some work, which though it must necessarily appear to be small compared with what is still to be done, has yet shed a flood of light on the Noble Science of Ayurveda. More men are required and more money is required for the successful accomplishment of this infinite undertaking. Moreover, it seems to me the surest and the most effective way of answering conclusively some of the unjust and mischievous criticisms that are levelled against the Noble Science of Ayurveda, for, then we will be able to show not only to these critics but to the whole of the civilized world, what in their silent and solitary groves the wonderful Seers of Vedic fame lived for and accomplished. And I strongly feel it rests heavily upon the shoulders

of every one who calls himself an Ayurvedist to do his humble mite towards the completion of this truly patriotic task.

With this fervent appeal and with the offering of my cordial thanks to the Organizers of this Grand Exhibition, which has afforded me this opportunity of coming before you now to make this appeal, I have the honour to declare this Exhibition open.

SIMPLE METHODS OF TREATING CHOLERA AND SNAKE BITES IN RURAL AREAS FOR LAYMEN

BY

T. G. RAMAMURTHI AYYAR,

*Medical Officer in Charge, Local Fund Siddha Dispensary,
Aval Poondurai, Erode, Madras Presidency.*

I. CHOLERA.

This wild infectious disease characterised clinically by violent purging and rapid collapse suddenly springs up in villages by the side of the main road and in the interior hamlets, while an epidemic prevails in pilgrim places. In some form or other it levies a heavy toll of human lives. The infection is carried to these villages by the return of pilgrims with contaminated prasathams, food and raw vegetables or fruits and sometimes by carrying a patient who is already attacked.

Such an infection can be quickly controlled in the villages, as many of the villages have only wells that supply water for all purposes. Few have small streams or wide tanks. The wells can be hanchinised immediately and the streams or tanks can be guarded by watchmen. These are the established rules of preventive measure known to every one, but there is none to do them immediately on the spot. Therefore the infection is allowed to spread and a good many cases die without any treatment before any report reaches the Health Officer. Only a couple of sinking cases here and there and sometimes none at all remain for inspection by the Health Officer who cannot reach the place quickly in all cases. He had to pursue only inoculations on unwilling healthy men and to hanchinise the wells. If

I am not misunderstood I should quote here the proverb "The door is locked after the steed is stolen." It is often a day after the fare. This kind of service is neither the fault of the village officer nor of the Public Health Department, as everyone of them takes up such steps that are in their power earnestly, but the present arrangement is such that they are not given an opportunity to attend to the preventive side or treatment question of the cholera infection, which is sudden and unexpected. These things are all possible and are done actually. Greater progress can be expected while the financial condition of our benign Government was steady. Now there is a decline in the finances of our country. Hereafter the people cannot expect more help than what is now being done. The Government cannot post a Sanitary officer to each of the villages and provide costly medicines for every village in these days of retrenchment.

The cheapest and efficient methods to suit the present-day conditions to handle such situations lie in giving instructions to the village officers and village school masters as to how to hankinize the wells with Potassium Permanganate, how to protect the watersupply and a simple remedy like "Liquor sacchari Fermentatus" which is the fermented juice of Red sugar cane, prepared according to ancient Indian methods and found effective in my practice. The cost is not prohibitive as one pound of the juice may cost only about four annas if it is manufactured departmentally; and this can be given in $\frac{1}{2}$ to 1 dracham doses mixed in double its quantity of water every 3rd hour; this is a safe preparation to be placed in the hands of laymen, like the village officers. We should also give instructions regarding segregation of the attacks and disinfection of the dwellings, clothings etc., with coal tar derivatives and disposing the soiled linen etc. by burning them in pits.

If the villagers get such a training, they will carry them out immediately and save the situation to a very great extent, as they happen to live close by. Then the preventive staff may go over to the spot as they do now and inspect whether such of the instructions have been duly carried out or not, and do the preventive inoculation or any other methods that a layman cannot do.

Only such economical and at the same time radical measures will be of real service to the nation, since direct remedial measures alone can save the victims from final succumbing.

II. SNAKE BITE.

This is also a sad feature and sudden incident among the villagers to be dreaded every day. This requires no great skill to diagnose. Of course quantitative analysis may be difficult. Reverend Father F. J. Caius and Dr. Mhasker, the two Research scholars of the Haffkine Institute, Bombay, clearly state that no methods have been found out as yet to estimate the dose of the venom injected by a snake in the system when bitten by it. So, scientists can do little in the treatment of such cases with an antitoxin. They also say that they have tried a good number of Indian remedies in their experiments on dogs after injecting a lethal dose of the venom, hypodermically and found useless, and assure that the so called cures said to have been effected by non scientists, must have been the cases where either a lethal dose was not injected by the snake or the sacs might have been empty or mere fright of the individual, who is said to have been bitten. The world should be indebted to these scholars, who worked hard to find out a remedy to be cocksure of its effects, but unfortunately not a single antidote was available, the kind of which will counteract the lethal dose of the venom, to reward their troubles.

I wonder if there are any anti-toxins or antidotes or specifics for any other poison or pathogenic organisms that produce Plague, cholera, Typhoid and the like, after the lethal dose has been allowed to circulate into the system.

"Dr. W. H. Schuessler, the great Biologist of Germany says, "Were it not for the supposed efficacy in so called "Self-eliminating" troubles, the value of many drugs would long ago have been discredited."

So a lethal dose means death ; it happens either immediately or some time later.

It is mentioned in our Indian History that Alexander the Great ordered the men who were bitten by snakes in his army, to be brought to his pavillion for treatment by Indian Physicians, as the Greek Surgeons who followed him were not able to treat such cases.

What does this show ? It is clear from this, that the Indian physicians must have cured at least some recovering cases as our friends Father Caius and Dr. Mhasker pronounce to be the cases of simple threat by snakes which require no treatment at all and gained the confidence of the Great Emperor, whereas the Greek

Surgeons' attempt even in such cases must have failed to be confident of their treatment. Will it be possible to declare that all cases that were treated by Greek Surgeons should have been cases of "lethal doses" and of the cures effected by Indian Physicians to be those of simple ones?

We should apply a little bit of our common sense to solve this problem, before we declare that there is no remedy for snake bites. Of course there may be no remedy to correct the lethal dose of any toxin. But we should admit that there are remedies, or antidotes or anti-toxins for "Self eliminating troubles" as Dr. Schuessler points out.

So long as there is no method by which we are able to determine the dose of the venom injected by the snake, it is all the more imperative that some immediate attention is to be given to snake bites, otherwise we commit blunder and allow a man to die without any treatment if we adhere to the principles of our two scientific friends who insist on first making a quantitative analysis and then treatment. The conclusions arrived at by their experiment is that no treatment is expedient for snake bite cases, as they find no remedy to counteract the lethal dose and also find that no treatment is necessary for non-lethal doses which will be cured without any treatment. Thus we feel from two extremes.

Can anybody venture to be left alone to fate after the snake-bite?

There are various methods of treatment for various venomous stings and bites in the indigenous systems and are practised by the Cochin Prince himself. The people have great confidence in him. But it will be too late in some cases and it is impossible to carry a bitten man to him from every part of the country.

Therefore a remedy of repute from our ancient sastras which is no more a secret remedy is available with me for use in such cases. About 2000 doses I have in stock for free supply. This remedy can be kept in stock by the village officers and may be used immediately when necessity arises.

Directions for use:—The bitten part to be scarified with a pen-knife and ligature applied above the seat of bite and this medicine to be rubbed in and also the size of a horse gram to be given internally. If the patient is already unconscious, the top of the head also to be scarified after shaving the hairs there and scarify and rub the medicine and apply over it a chatty filled with

live charcoal fire until conscience revives. Care should be taken that the part is not burnt. These directions can be carried out by any layman. The treatment is not dangerous and is sure to mitigate the venom's force. To carry out the above treatments efficiently by the village officers the following kit should be provided to them with complete instructions printed in bold types, mounted on frames and to be made to hung on the walls of the village chavadies, schools and the village officers' quarters in the language of the district.

1.	Medicine for Cholera	1 lb.
2.	„ „ Snake bite	$\frac{1}{2}$ drachm
3.	Pot. Permanganate	$\frac{1}{2}$ lb.
4.	Phenyle	2 lbs.
5.	Pen-knife or lancet	1
6.	Charts in vernacular showing the preventive measures and directions for treatment	4 copies.

In conclusion, I beg to request the Public Health Department and other scientific friends to give a fair trial of the above two treatments and if they find them of use I shall give the full directions as to how they can be manufactured by themselves. I am also willing to supply the Haffkine Institute and The Parel Laboratory, Bombay if they are willing to conduct their experiments for the benefit of the nation.

Our country's welfare depends on the rural uplift and this is wellknown to all statesmen.

I hope the public health departments of various Presidencies and other organised bodies will take necessary steps for the welfare of the poor agricultural and industrial populations that live distributed in seven lakhs of villages in our country. These remedies if tried and approved in the different parts of the country, will become popular and bring relief to every village and hamlet. Every rural reconstruction centre may popularise these remedial measures and every dispensary whatever may be its label "Allopathic or otherwise" may give these a fair trial. I am willing to receive accounts of similar experiments and we can find a way out to bring relief and succour to many a distressed home in distant villages and hamlets and free humanity from the untold sufferings from these terrible scourges and dangerous maladies. In fine it is a piece of solid national service.

Health and Hygiene

DON'T TAKE BLOOD PRESSURE TOO SERIOUSLY

A Symptom and not a Disease

BY DR. J. J. SCANLAN

Probably more middle-aged men and women walk in fear of high blood pressure than of cancer. In many cases the fear and worry is quite without foundation. Blood pressure is neither a new fad nor a fancy. It existed long before the flood, or the discovery of the blood stream. What is new is the introduction of the sphygmomanometer, the instrument used in determining it.

Taking a count of a pulse at the wrist is a simple matter compared with taking the blood pressure in the region of the mid-arm. The pulse can be taken in half-a-minute by counting the beats with the second-hand of a watch. The simplicity of the method enables a count to be taken two or even three times during an examination without inconvenience or excitement to the patient. The normal pulse is usually about 72 beats to the minute. The excitement of a medical examination may easily send it up to over 100. If after an interval of ten or fifteen minutes, the pulse is again counted, the rate may have dropped to about 80 and if it is counted yet again at the end of the examination it may have regained its normal rate of 72.

TESTING THE PRESSURE

Taking the blood pressure is a much more elaborate performance. The arm has to be bared and the cloth portion of the sphygmomanometer has to be wound round it. This has to be inflated with air by pressing a ball syringe, and, when the pressure stops the pulse at the wrist, it is "read off" on the dial of the machine. It is estimated in terms of a column of mercury in a graduated tube. In young healthy people it varies between 100 and 140.

Age has an influence on blood pressure. During the 20 years to 40 years period, it ranges between 130 and 145. Between 50 and 60 it rises to 155 and between 60 and 70 it goes up to 180. Blood pressure is of great importance at the "Life Insurance" age. Most policies are taken out between 25 and 40, and during this period the blood pressure should be well within the normal limits of about 135 to 145. It can vary in healthy subjects from 100 to 145.

It is often forgotten by the layman that high blood pressure is a symptom and not a disease. It requires repeated taking from time to time before a decision can be made that the abnormality is temporary or permanent. The technique required is considerable. Precision calls

for experience, care and skill, and interpretation depends upon sound knowledge. Where high blood pressure is definitely found, a cause for it must be sought. A cause for it may be traced to all or any organ in the body.

CAUSES OF HIGH BLOOD PRESSURE

The causes of high blood pressure include the poisons which intemperate drinkers and eaters consume, perhaps the eaters more than the drinkers. Certain diseases produce changes in the blood vessels which render them less elastic. This sends up blood pressure, and if continued long enough a blood vessel may burst. Careful medical advice on diet can usually control such a condition and vegetarians and tee-totalers certainly score.

On the other hand, a man or woman may be quite healthy and abstemious in every respect and still have a high blood pressure. This is what may be called a "flaw" or a "trap" in taking blood pressure. Absence of mental tranquillity results in high blood pressure. Nervous conditions may produce a similar effect. As in the case of pulse-taking there may be considerable difference between two blood pressures of the same person taken within an interval of half-an-hour. The first one should usually be disregarded, especially in the case of people suffering from nervous disquietude.

TO BE TAKEN WITH "A GRAIN OF SALT"

High blood pressure has often to be taken "with a grain of salt." Especially on the first occasion, it may be due in part, if not wholly, to the excitement of the moment. Blood pressure taken while the patient is asleep would be ideal, but is hardly practicable. It must be remembered that what we know about the setting of fractures was learned by observing the position of rest assumed by patients while they were asleep.

A temporary or transient pressure is one of nature's safety-valves. A permanent high pressure is one of Nature's retributions for the manner in which she has been abused.

The remedy carried out under the direction of a doctor is usually the exercise of common-sense. When detected early enough, forms of exercise, diet and sport can arrest the condition. In most cases each form of high blood pressure requires individualistic treatment.

As there is a "crowd psychology," so there is a national high blood pressure. Some great event may send a nation's blood pressure up. The normal becomes abnormal. At such moments we look for a leader who can remain cool and collected—for someone, in fact whose blood pressure is under control. Do we not speak of him as possessing "sang froid"? The history of nations is written in the literature of blood pressure.

Reports of Societies etc.

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PRIZES FOR A SPECIFIC FOR SNAKE POISON.

First prize of Rs. 2000 (two thousand),

2nd „ Rs. 200,

3rd „ present of a shawl.

For the spread of information regarding a genuine specific for snake poison, the G. C. (short for Gudha Chikitsa) Mandal of Poona has decided to award the above mentioned prizes.

GENERAL CONDITIONS.

1. The remedies will be tested only at the Hoffman Institute at Parel, Bombay, by the experts there.

2. A committee consisting of two representatives of the G. C. Mandal, and two representatives of the owner of the remedy who should be duly qualified medical persons and a chairman appointed by these four will be the final authority as to the efficacy of the remedy.

3. In case more than one remedy of the first two classes be found to be effective, the amount of prize for that class will be distributed among the owners of these successful remedies.

4. A fee of Rs. 10/- will have to be paid by each applicant *after the remedy is accepted for trial*. This fee will be returned to the owner only if the remedy is found to be effective. The proceeds from the fees will be utilized solely for the spread of knowledge regarding genuine specifics for serpent poison.

5. Applicants for prizes should give information under the following heads :—

(a) Name of sender, Profession, and address

(b) In the case of application for the first prize of Rs. two thousand, the Name of the drug and complete formula, and detailed method of administering the remedy.

(c) The kinds of poisonous serpents for which the remedy is useful.

(d) Whether the remedy is given gratis, if not, what fee is charged per each complete treatment.

(e) Consent for the publication of result of the experiment.

(f) Willingness to be present at the time of the experiment.

(g) Certificates from medical men or respectable persons as to importance and usefulness of the remedy.

SPECIAL CONDITIONS.

The first prize of Rs. two thousand is meant for an open, i.e. non secret, remedy.

The second prize of Rs. two hundred is meant for a remedy which the owner may not make public, but which he guarantees to communicate to select persons and make it available to the public at a reasonable price.

Third prize of a present of shawl at the hands of a distinguished personage will be given to the owner of a secret but effective remedy who is not willing to accept any of the above two conditions.

Prize Committee—For the management and disposal of prizes, the following committee has been appointed.

- (1) Prof. V. M. Joshi, M.A.
- (2) Dr. M. V. Apte, B.Sc., M.B.B.S.
- (3) Shriji Vaidya Panchanan Krishna Shastri Kavade, B.A.
- (4) Shriji J. S. Karandikar, B.A., L.L.B., Editor, 'Kesari.'
- (5) Prof. G. B. Kolatkar, M.A.

All communications should be addressed to

THE SECRETARY GUDHA CHIKITSA MONDAI,
17, Deccan Gymkhana Colony, Poona No. 4.

DAYANAND AYURVEDIC COLLEGE, LAHORE.

The 5th Anniversary.

On the 31st of October, the Dayanand Ayurvedic College Anniversary was celebrated in the Atraya Park at 4-30 p.m. under the presidentship of R. B. L. Sewak Ram M. L. C. The Exhibition of Various herbs, of prepared medicines, Pharmacy Machines, and of Anatomical Models was an attractive show. The function was started with a big Havan, then R. B. Bakshi Sohan Lal introduced the president as a worthy son of a worthy father, the late Sir Ganga Ram. Then Pt. Ram Gopal Shastri, Vaidya Bhushan was asked to deliver a short speech. He proved the Ayurvedic Science to be older than Charak and Shushrut, so much so he read out the names of many diseases and their causes from Atharva Veda. He then urged the students to create a faculty for research in Ayurved to do full justice to it. Then K. Pt. Vipra Bandhu M.A., Prof. Dayanand Ayurvedic College, Lahore delivered a short speech on "The Ayurveda and Patriotism." He said, that to uplift Ayurved, Science, of your Rishis, is to industrialise your own country, to solve the problem of unemployment and to make the village organisation more practicable through the Vaidyas. In the end he appealed to the public, specially to the gentry, to give an equal chance to the Vaidyas to try Ayurvedic System of treatment in at least public hospitals like Shrimati Gulab Devi Trust Hospital. He said that it is only then that the public shall know the efficiency of

Ayurvedic treatment for Indians. This he brought to the notice of the public the baseless partial and poisonous propaganda made by Dr. Dhram Virji against Indigenous system of treatment in the papers and requested the public to discourage such mean action at once. Then the yearly report was read out by Dr. Asa Nand M.B. B.S., the Vice Principal. It was clear from the statistics that the institution was progressing with a marvellous speed inspite of the shortage of fund. In the end, the public attention was drawn towards the requirements of the institution like a Cold Storey in the Dissection Block, a separate building for Boarding House, a female ward in the Hospital, a Dental Dept. etc., etc. Then the Medals, Degrees and Prizes were distributed to the successful students by the worthy president. He then addressed the students and advised them to work honestly, selflessly and whole heartedly in the cause of the Ayurvedic Science. They should not charge the patients even at the death beds like their Allopathic friends. Then he pressed upon the college authorities the necessity of the chair for research work. In the end he thanked the D. A. V. College, Managing Committee for the honour they have done him by selecting him to preside over the function. Then L. Devi Dial Ji, Prof. D. A. V. College, thanked the president and the meeting ended with cheers.

K. VASA DEV,

Secretary,

Student's Association,

Dayanand Ayurvedic College, Lahore.

Reviews and Notices of Books

BALATANTRA

Taking Sushruta's Verse. "कौमारस्य नाम कुमारभरण धात्री सारदाय सशोभनार्थं दुष्टस्य ग्रहसमुत्थनाच्च व्याधिनामुपशमनार्थं" सु. सू. as the theme, this book is composed in two parts. The 1st part contains five chapters, first dealing with Post Natal Care "बालोपचरणीयम्", second with Infant feeding "स्तन्यपानक्रमम्", third with diseases produced by suckling vitiated breast milk, fourth with diseases peculiar to infant and children, and fifth with their treatment. The second part contains two chapters, the 1st treating with grabas "Balagrahavijnaniyam," and the second with their respective treatments "Bala graba Pratisheda vijnaniyam".

The contents of each chapter have almost been given with their English translations on the pages themselves. In the supplementary portion of the 5th Chapter under the heading "children's medicines" the following medicines have been mentioned.

1. Kumara Kalyana Ghrita	14. Rameswara Rasa
2. Ashtamangala "	15. Bala Yakridari louha
3. Ashtanga "	16. Siva modakam
4. Brhamhadi "	17. Dantodbheda gandatakam
5. Pippalyadi "	18. Lavanga Chatussama
6. Kanta Kari "	19. Dadimba "
7. Lakshadi Thilam	20. Sankha Vati
8. Vyaguri "	21. Guda Pippali
9. Sankhapushpi "	22. Saraswata Ghrita
10. Aravindasavam	23. Vachadi Ghrita
11. Rajanyadi choornam	24. Vachadi Choorna
12. Bala Rasa	25. Sarvoshadi snana
13. Bala jwarankusa Rasa	26. Bala abhyanga Tailam.

The contents of the whole book have been extracted from original resources as Charaka, Sushruta, Vagbhata, Ashtanga Saṅgraha, Raja Kumaratantra, Madhava Nidana, Sarangadhara, Yamini Bhushan's Kumara tantra, Bhavaprakasa, Ayurved Vijnana, Harita Samhita, Bhaishajyaratna Vali, Yogaratnakara, Rajamartanda, Gudanigraha, Chakra Datta, and from various present English and Indian Authors like Dr. H. Jellott, Hutchison, Holt, Mukherjee, Muthu, Still, Dutt, and Journal of Ayurveda etc. The originals from Ayurvedic texts have been given whereunder either the name of the book or the author has been mentioned while extracts from books in English also are printed in English with the names of the authors under them.

The idea of compiling this little volume is to produce a compilation that deals with only diseases of children and their treatment in Telugu, language as such books are not available in it. Though there are a few numbering like 3 or 4, they have not been dealt in such an elaborate and full manner as to be called a special compilation on diseases of children in Ayurveda. And moreover the book is written in accordance with the syllabus of the Ayurvedacharya examination.

The foreward to this book has been written by Dr. A. Lakshmipathi, of which the following is a true translation "I consider it a pleasure to write the foreward for 'Bala tantra' a book written by my student Mr. Vallum Subbarao. Now-a-days there are a good number of Ayurvedic physicians who are fully conversant with the shastras on Ayurveda. Also there are allopathic doctors who are efficient in allopathy, who being unintelligent of sanskrit language as a consequence of which not having any touch with the indigenous system of medicine are following western principles and thereby are becoming helpers to the sale of foreign medicines. Mr. Subbarao had written this book gathering his information from the two shastras (allopathy and Ayurveda). There is no doubt that the native physicians should honour

such a book. In future may Subbarao and others be encouraged for such researches."

The book is published by the author only at Valluru (V a), Ponur P. O., Guntur Dist. Price Re. 1-8-0 ; postage extra.

Medical News & Notes

THE INDIGENOUS DRUGS OF INDIA AND THEIR ECONOMIC ASPECTS.

By Lt.-Col. R. N. Chopra, I.M.S.

INDIA'S FOREIGN TRADE IN DRUGS.

The economic importance of the first proposition can only be fully appreciated by studying the position of the drug trade of India. A study of the figures of the total values of imports and exports during the last 25 years brings out some remarkable facts. For the purposes of comparison I have put them in the form of a graph,* the upper curve representing the import and the lower curve giving the export figures. Apart from the peaks and depressions at various points, the curves show a gradual tendency to rise, thereby indicating that both the import and export trades have considerably increased during the last 20 years. Thus in the year 1908-09 the value of drugs exported from India amounted to Rs 15.5 lacs against imports which amounted to Rs. 73 lacs. In the year 1928-29 the export and import value of drugs were respectively 42 lacs 200 lacs. This shows the remarkable extent to which the trade has increased and at first sight this would appear to be a very satisfactory state of affairs. A closer scrutiny, however, reveals that the imports are proportionately very much larger than the exports. This means that while much raw material is going out of the country, very considerable quantities of refined preparations manufactured in foreign countries are coming into the Indian Market.

If we now go a little more into detail and study the reasons for the large excess of imports over exports, we are struck by the fact that most of the imported drugs are standardised pharmacopœial preparations, such as galenicals and purified alkaloids, in many cases manufactured from the similar drugs that have been exported. Besides these there is a large import of proprietary or patent preparations.

A perusal of table II* shows that over 100.9 lacs' worth of the former group under the heading of other sort "of drugs and medicines" and 42.8 lacs' worth of the proprietary preparations were imported in 1928-29. The proprietary and patent medicines have shown a phenomenal increase

* These are omitted here

during the last five years, i.e., from about 25.0 lacs have increased to 42.8 lacs. This shows the increasing extent to which the Indian market is being exploited by the manufacturers of these remedies. The figures showing pharmacopoeial preparations and chemicals have risen from 87.8 lacs to 114.3 lacs in 1927-28, but show a slight decrease to 100.9 lacs in 1928-29. The import drug trade, taking all round, shows a definite and marked increase during the last five years, i.e., from about 25 lacs has increased to 42.8 lacs. This shows the increasing extent to which the Indian market is being exploited by the manufacturers of these remedies. The other items of interest in this table are camphor, whose import is steadily on the increase and quinine salts which have been showing some fluctuation but on the whole show an appreciable increase.

TABLE III*

The most outstanding figures in export table III are those under the heading "Total Drugs and Medicines" which show a steady increase from 35.8 lacs to 41.6 lacs during the last five years. This may at first sight appear to be promising but for the much larger increase in value of prepared drugs imported.

It will be seen that all these drugs in crude forms are annually exported from India to foreign countries at a nominal price, are utilised in various medical and allied industries and a portion of them at any rate is returned to India in the form of expensive preparations. The finished products naturally fetch considerably higher prices and hence the increase in the export revenues only shows to what an extent the Indian raw materials are being utilised by the drug manufacturers of other countries to their own benefit.

THE DRUGS USED IN THE INDIGENOUS MEDICINE.

The second proposition of popularising and introducing new drugs to Western medicine is a more difficult problem. Since the period of decay and recompilation many of the effective remedies were lost and a number of uncertain ones came in. The result is that in the indigenous systems at the present time almost every plant and shrub growing in the country has ascribed to it some medicinal property. These beliefs, in some cases, originate from the teaching of the ancient commentators and are based on clinical data, but in others there is nothing reliable. Their introduction was empirical and often a drug was used simply because a single case happened to have derived some benefit from it. In this way remedies have multiplied without proof but by belief, and as they hail from all parts of India, no one seems to have a correct notion about their uses and properties. The employment of a large number of them

would thus appear, as in Western medicine, to have been based on empirical evidence that has been handed down from generation to generation. A thorough and complete research into all these drugs would occupy the life-long work of innumerable chemists, pharmacologists and physicians. For practical purposes the method adopted has been to make use of the experience of the exponents of those systems. Further, we are taking up those drugs which have great local reputation for investigation before touching the less reputed remedies. Besides, many of these drugs have been clinically tried by some of the medical men practising Western medicine and who have expressed their opinion regarding their efficacy and this has also been helpful to us in the selection of drugs to be investigated.

Dr. Koman, of Madras, some years ago made a clinical study of the medicinal properties of a large number of the indigenous drugs. According to him a number of drugs were of value when tried on patients, but he recommends that further research on scientific lines is necessary before they can be recommended for the universal adoption.

A retrospect of results achieved :—The investigation of drugs used in the indigenous medicine was started nearly a decade ago and much has been accomplished during this short space of time. A number of important medicinal plants prescribed by the practitioners of the indigenous systems have been carefully investigated from every point of view and the results have been published from time to time. Their chemical composition has been determined, the pharmacological action of the active principles worked out by animal experimentation and finally suitable preparations made from the drugs have been tested on patients in the hospital. It is only by such a thorough enquiry that the real merits of these drugs can be proved and a demand created for them not only in India but in other parts of the world as well. This laborious work has brought out the merits and qualities of certain drugs and it has been shown that they may prove to be very useful additions to the present armamentarium of the medical men to relieve the sufferings of humanity if they are taken into general use. Such drugs, unfortunately, are not many. A large number of those examined showed a certain amount of activity but were not found to be superior, in fact, in many cases, are not nearly so efficacious as the drugs already possessed by the pharmacopœias. A third group of these drugs comprised of those remedies which although largely used in the indigenous medicine were found to have little or no activity at all.

HOW TO EFFECT ECONOMY AND BRING THE TREATMENT WITHIN THE MEANS OF THE MASSES.

The third and the last proposition is to effect economy, so that these remedies may reach the masses. This is only possible if the price

of the drugs be considerably reduced, for in a poor country like India, there are millions of people who cannot afford any kind of treatment, whether cheap or expensive, and have, consequently, to depend upon charitable medical relief institutions. The cost of drugs is so heavy that most of these institutions, which have only a limited annual budget for drugs, are not able to cope with the demand for such common and essential drugs as quinine, castor oil, magnesia, etc., to say nothing about the expensive medicines which are sometimes necessary.

The only way in which drugs can be cheapened and brought within the means of the masses is to utilise the local resources and substitute the indigenous products for the more expensive imported preparations of the Western medicine. This can be done by encouraging the production, collection and manufacture of the local *Materia Medica*, by preparing pharmaceutical preparations in a systematic manner. By local production and substituting equally potent drugs of Indian origin for the imported drugs, the cost of treatment can be considerably reduced. We have already made reference to these remedies and the possibilities of their development. Their active principles can be isolated, and standardised preparations, such as tinctures, extracts, powders, etc., can be prepared without difficulty with inexpensive apparatus. If this is done on a large scale it will be possible not only to save the sea-borne freight but many other charges. Crude drugs, we have pointed out, are exported from India at a very low price and are reimported in many cases in the form of refined, standardised preparations at many times their original price. Carriage and freight charges to and from the port of import and export have to be considered at both ends. The actual sea-borne freight may not be much, but the insurance charges, agents' commissions, export and import customs duty and excise duty on alcoholic preparations greatly increase the price to beyond the means of the ordinary ryot in India, as the consumer must eventually pay all these charges. Besides that, owing to cheapness of labour in this country, enormous reduction in the cost of manufacture could in all probability be effected.

USE OF CRUDE DRUGS.

Secondly, by using crude drugs and preparations, the cost of treatment could be considerably reduced. The utility of the Western medicine to the masses in India has been limited by reason of its costliness. Its further progress, in spite of all efforts that are being made, is being hampered for economic reasons : because of the poor returns of agriculture and the small wage-earning capacity of the people, those who desire can afford only the cheapest remedies and treatment. As long as the economic conditions of India remain as they are at the present time, so long will the average villager demand, and very naturally

too, something within his means, *i.e.*, medical advice costing a few annas and the treatment costing less. The separation and purifying of the active principles from drugs or making standardised preparations naturally involve a considerable additional expense. A great many of the maladies of everyday life for which drugs are used are of a minor nature. Many of the crude drugs available in the bazars, if intelligently used, are very nearly as efficacious as the refined preparations and the substitution of such cheap products is bound to bring down the cost of treatment to a minimum. Crude vegetable purgatives are often as effective as the elaborated products. Economy can also be effected in many of the most widely-used drugs in this country and many examples can be cited. For many years quinine was separated from the total alkaloids of cinchona bark under the impression that it was the only effective alkaloids against malarial infections. The isolation and refining of this alkaloid naturally made it more expensive. The researches of Acton, McGilchrist and Fletcher have conclusively shown that the other three of the main alkaloids occurring in the bark are also effective against this one of the most widespread of all diseases in the tropics. The total alkaloids of the bark in the form of cinchona febrifuge, therefore, were extensively tried and after careful observations have been found to be quite as effective as the purified quinine itself. During the war the price of quinine went up to Rs. 55 per pound and, although it has come down considerably of late years, it is still fairly high. The result is that most of the hospitals and dispensaries in the mofussil, who have got a limited annual budget, can only afford a limited quantity of this important and essential drug, which is quite inadequate to meet the demand. In order to supply quinine, the supply of other often important drugs has to be curtailed. The substitution of the total crude alkaloids (cinchona febrifuge) in place of purified quinine has not only effected a great saving (large quantities of quinine salts are being imported), but has done much to bring the treatment of malaria within the means of the poor, thus alleviating the sufferings caused by this one of the most universal and incapacitating of all diseases in this country. The total alkaloids of ipecacuanha have also been shown to be nearly as effective against amoebiasis, which is also very prevalent in this country, as pure emetine. Then, again, in the case of *H. antidyenterica* it has been found that the total alkaloids and the galenical preparations made from the bark are better than purified conessine. The tincture made from *Ephedra vulgaris*, introduced by the author, is just as effective in the treatment of asthma, cardiac failure, etc., as the very expensive alkaloid ephedrine. Such examples may be multiplied. It should be possible to prepare tablets from many of the indigenous drugs which could be sold at a very cheap price. Attention to this subject is of great importance to this country, because economy and low cost of advice and

treatment are of paramount importance to any plan of medical relief that can hope to succeed in our country.

The resources of India are vast and inexhaustible and it can be said without any exaggeration that India can supply the whole of the civilised world with medicinal herbs. Leaving aside the drugs used in the indigenous systems for the moment, whose therapeutic value has not been investigated, in the majority of instances on scientific lines, most of the pharmacopœial drugs grow in great abundance and a careful survey of medicinal plants growing in India is in progress, and it is shown that three-quarters of the pharmacopœia are found to grow in some part of India or other.

TASTE AND DIGESTION.

The Times mentions the experiments being conducted by Dr. Laird of Colgate University on the relation between food taste and digestion. It corroborates the deductions arrived at by Hindu physicians (Ayurvedists) several thousand years ago. It is interesting to note that the statement of Dr. Laird to the effect that "sweet tastes have a most beneficial effect on digestive processes" are in complete agreement with the conclusions arrived at by Charaka, Susruta, Vaghata and others.

It is most interesting to speculate on other points of corroboration which may evolve out of further experiments by Dr. Laird, and to watch with interest the points of divergence and the basis therefor. The conceptions, in brief, of tastes as taught by the followers of Hindu medicine are as follows :

There are two types of taste—one, Rasa, as recorded by the tongue, and the other, Vipaka, the taste of food after it has been acted on by the secretions of the mouth and stomach. Rasa taste is divided into six subdivisions—sweet, sour, bitter, salty, pungent and astringent. Vipaka taste has three subdivisions, sweet, sour and pungent, as salty substances are altered by chemical changes into sweet and the bitter and astringent into pungent.

The relation between the six tastes of foods and medicines to their bio-chemic values is the subject of many books, On the compatibility or incompatibility of tastes in food, on the overindulgence in foods of one taste and its chemical effects, many a learned Hindu wrote. Of course, to all these rules on tastes of food exceptions were made.

The restorative or healing values of tastes were considered to be as follows : Sweet was the taste whose value to the body economy was of the highest value. Next in value was the sour taste, followed in rotation by tastes of diminishing values, salt, bitter, pungent and astringent.

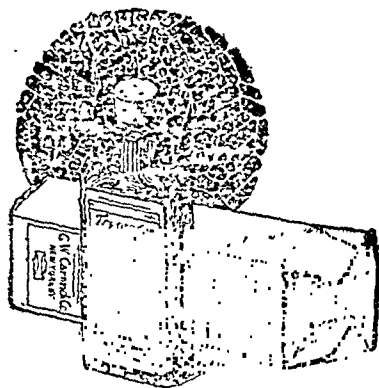
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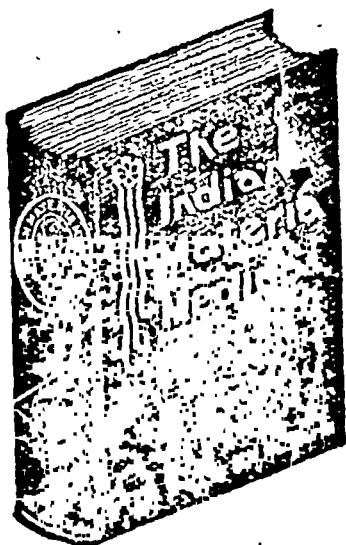
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The Journal of Ayurveda

or the Hindu System of Medicine.

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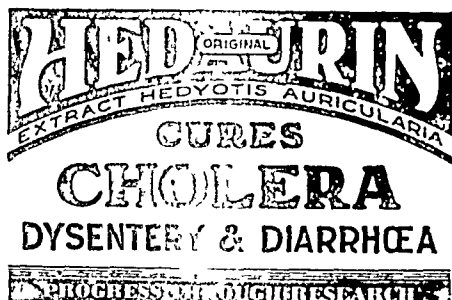
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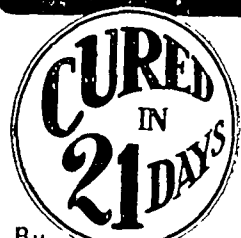


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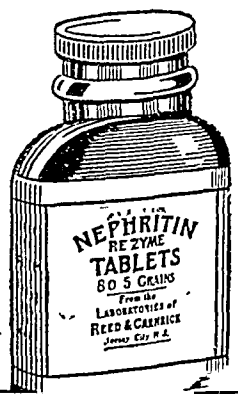
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January, 1932.

[No. 7.]

Medical Swaraj for India

BY

DR. M. R. SAMEY, Ph.D., M.D., D.P.H.

*Lecture Delivered under the Auspices of Sri Nikhila Karnataka
Ayurveda Mandala, Bangalore, December, 1931.*

The intellectual badge of helotry that India wears on its forehead is patent in every Department of national life, social, economic, educational and political and nowhere is it more undisguised than it is in Medical Relief.

The entire department of Medical Relief is conceived, planned and executed in an entirely alien pattern and the very warp and woof of it is resonant with exotic tinge.

The personnel of the Department live, move and have their being in a foreign atmosphere and their entire equipment is alien, as if India were a clean slate with no civilisation or tradition to base its policy upon. Western medicine bids a blustering extinction to Ayurveda, the medical system of the land for all lands.

The extent to which this Pretender to Medical Throne is threatening the weal of Ayurveda in India is patent by the following Memorandum of the Madras Ayurveda Sabha of Mylapore, submitted to the Government of Madras.

The Memorandum states among other things, that the public expected from the Madras School of Indian Medicine great scholars and experts in Medicine with recognition and glory. But the work produced in the school during the period of six years that it had been

in existence had produced results which were not satisfactory or upto the expectation. The great works on the subject of Ayurveda were not at all taught as intensively as the subjects demanded. Further, the value of the little knowledge of Ayurveda which the pupils got was lost like a drop in the sea of foreign studies and methods of treatment with which the students were compelled to become familiar. In the enquiry held and evidence collected preliminary to the starting of the school, it was pointed out that the Indigenous systems required Government help to revive it, that the system was complete within itself in every branch, though surgery practised in the Allopathic system and also sketched in the ancient work "Susruta" had ceased to be practised on a large scale and the public were eager to see the revival and practice of Ayurveda in its entirety. This great object had been set at naught by those in charge of the School. The Sabha feels in its duty to urge on the attention of the Government the need to protect the orthodox learning and practice and to that end (1) to entrust the Government Institution to a body of thoroughly orthodox persuasion and to make it possible for the interested to study the system for its own sake, (2) to make grants and pensions to genuine scholars, (3) and to enable them to expound the ancient science in a style attractive even to the modern world without outside interference, etc.

From the above, it is patently clear that the touch of Government to the gold of Ayurveda has resulted in its being transmuted into an alloy of copper in the Government of Madras School of Indian Medicine as a Catholic Church would slowly distort and perish under a Protestant Prelate.

So long as the Indian Nation relies on powers without for its intellectual emancipation from alien bondage, its national renaissance shall be frustrated and thwarted to the same extent as it continues to look to Government

help. Cribbed, cabinned and confined within the four corners of the official system and believing that it carries the world wisdom in medicine within its ring fence, the medical Satrapy of Government could do very little for the revival of Ayurveda.

Untouched by the hand of Government, Ayurveda remained pure at the source and its fresh waters getting mixed with the saline waters of the wide ocean of Western medical wisdom threatens to become saltish.

The army of Charaka and Susruta cannot be marshalled by civil captains of medico-legal acumen whose gallantry consists in making out a case for the subsistence of the army as Followers and lower subordinates, rank and file. The Army of Occupation is strongly entrenched and buttressed in the country for any easy rendition of the dethroned Prince of Ayurveda in the Medical "GADI." Stalwarts like Mahatma Gandhi decline to bell the cat of medical Self-determination in India and fight shy of even giving a word of encouragement to founding of an Indian Hospital in London although of official persuasion only. Much less could they dare espouse the cause of Ayurveda for fear they will be denounced as back-numbers. The great political Pundit Malaviya changed the name of Ayurveda so as to suit his scientific attainments into Faculty of Indian Medicine and Surgery in his Benares Hindu University and believes in Metallurgy to transmute India in Bondage to a free India rather than on Ayurveda. The great Vice-chancellor of the Mysore University, Dr. Brajendranath Seal, feared institution of an Ayurvedic Faculty in Mysore that it may be out-casted by the high academic Priests of Modern Universities by including such an olla-podrida of Science as Ayurveda.

While such a taboo attaches to the very name of Ayurveda given to India as a National Heritage by Lord Dhanvantri what lot or part could Aurvedists have in the medical relief of the country !

The Indian Medical Council Bill is on the Legislative tapis threatening to bang, bolt and bar the door of entry against the L. M. P. of their own make and the Changelings of L. I. M. will be thrown as the flotsam and jetsam of an age of orthodox quakery, being neither felsh, fish or fowl in Indian Medical Hierarchy.

For the Ayurvedic colleges to assay to keep company with the advances in modern medical knowledge is to bid for lunacy. Hear what doctor Charles Mayo asserted at a recent meeting in connection with the congress of the American College of Surgeons :—

“The world had moved ahead so fast as regards material civilisation that man was tending to fall behind in his power of adpatation and the result was a great increase in insanity. Every other Hospital bed in the United States is for the mentally afflicted, insane, idiotic, feeble-minded or senile persons. That is worry. It is worry that breaks down the brain, not work as such. There is an enormous number of people who are almost fit for the asylum”.

Such is the verdict of the most affluent nation of the world, the U.S.A., and how could poor India cope with it?

With spare grants, and step-motherly toleration by the powers that be, our rich Heritage of Lord Dhanwantri can ill-afford to run the Marathon Race to adapt itself to the material advancement of Western Medical Science and what does it matter if we call a halt to the mad race.

We must develop ourselves on our own lines according to the national genius and not become an appendage to any alien system. For, after all Ayurveda is the parent-stock from which other medical systems of the world have sprung and it is whole and comprehensive to suit the needs of our country.

We cannot be self-sufficient and efficient in Western medicine depending as it does on alien men and money, drugs and dopes, modes add methods for its very up-keep and more so for its advancement.

India needs cheap doctoring and no expensive equipment and achievement for the medical relief. The centralised form of medical relief shall never filter down to the masses and penury and woe shall stalk the country if a few mammoth mansions called Hospitals are erected in metropolises to mock the miserable masses.

The vaidya has been the only available medical succour to the millions of India and it will be moonshine to think of a modern dispensary for the mofussil in piping times of prosperity and much less possible in these days of universal economic depression prevalent in the country. What does it avail to the penurious villager to look at the costly palaces for the sick to be opened only by the key of Gold. Self-rule is the only law of Life and Ayurveda alone can make it possible for the dawn of the medical Swaraj for India.

No financial legerdemain can invent the means for the costly equipment of a doctor and a Dispensary for each village unit and the only remedy consists in disbanding the costly medical services and encouraging the Independent Medical Profession of whatever denomination.

The mabab concern of the Administration for the sick and the weak conceived by the Medical and Sanitary Departments is impossible of practical help owing to the financial stringency of the times and the best plan is to revive the autonomous medical relief system of India.

Even the fringe of rural India is not touched by the alien system of Medical Relief and it will be quite a job to grapple with the problem of Indian Medical Relief for Swaraj Government if it gets itself infatuated with the siren voice of western medical organisation and looks on Ayurveda with a cavalier indifference as it has done hitherto.

Medicine and Law, Doctors and Lawyers, are the bulwark of the Bureaucracy as Mahatma Gandhi wrote long ago and to give a fresh lease of life to the Medical Oligarchy in Swaraj by pinning our faith to the Official

System of Medicine is to perpetuate helotage of the worst sort, namely intellectual enslavement of India. While adaptation to the rapidly advancing material civilization has been impossible for the wealthiest nation of the world, America, it is indubitably so for India, the poorest country in the world.

Mahatma Gandhi has been the greatest diagnostician of India's ailment, Poverty, and hence his "Charka" and Loin Cloth have proved weapons of formidable force to terrorise London and Lancashire.

Buckingham Palace has been well exploded by this "Naked Fakir" who as the symbol of Indian Poverty has bombarded the sacrosanct precincts of the Palladinn of Modern materialistic civilization. It is upto the Ayurvedists of India to work for Medical Swaraj for India by showing the way out of the wood of material medical morass. "Back to Nature" must be their slogan. Lord Dhanwantri shall look after the weal of the noble army of Vaidyas and the Indian afflicted and let his system reign supreme from Cape Comorin to the Himalayas.

Give up your warped outlook and bask in the sunshine of India's rich Heritage bequeathed to us by Bhagawan Dhanwantri in His infinite Grace.

Gird up your loins, and be up and doing,

Sons of Dhanwantri, why sit ye idle,

Wait ye for some alien aid,

Then gird up your loins,

Be up and doing, Freemen by themselves are made.

Ayurveda is the sum total of human culture and knowledge and you need not go with a begging bowl to Modern Medicine for the alleviation of the sick and suffering in India. Will it, and Medical Swaraj is realised in the twinkling of an eye.

Om Tat Sat.

Original Articles

FEVER IN AYURVEDA

BY

ASHUTOSH ROY, L. M. S.

Hazaribagh.

—:o:—

(Continued from our last issue.)

Jvara-Kesari—Aconite, Mercury, Sulphur

Trikatu (3 carminatives)

Triphala (3 laxatives)

Croton seed

Mixed and made into pill with juice of

Bhringaraj (*Wadelia calendulacæ*)

Adjunct—

For all fevers—with cocoanut water

For Pitta fever—with sugar and water

For Sannipat—with pulv. of Black pepper

For burning—with pulv. of Long pepper and Caraway.

Maha-jvarankusa—Aconite, Mercury and Sulphur

Dhatura seed

Trikatu, made into pill with water

Indicated in both Shyam and Niram stages of fever with pain all over the body and heaviness of the head, cough and impaired digestion ; in Kapha and Vayu-kapha and Vayu fevers also in Visham Jvara (malaria) and in long continued fevers.

Adjunct—give with juice of leaves of Nishinda (*V. Negundo*), of Palita madar (*Erythraea Indica*)—antibilious, if much pain in head and body (*e.g.* Influenza) ; give with ginger juice and honey—if constipation.

Kasturi Bhairab—Aconite and Cinnabar and Borax

Nutmeg and Mace (carminatives)

Long and Black peppers (carminatives)

Musk—stimulant, aromatic

are mixed and made into pills with ginger juice (4 grs.)

Indicated in Vayu-Kapha fever with pain of the sides of the body, cough and excess of sleep, also in Pitta and Sannipat fever; give $\frac{1}{2}$ dose (2 grs.) in cases of children, old men and weak individuals.

Javara-Kasturi—Aconite and Cinnabar and Borax (Antacid, good for throat)

Mace and Nutmeg (Aromatic carminatives)

Long and Black peppers (carminatives, good for Kapha)

Canabis seed

Musk and Makaradhwaj

made into pills with ginger juice.

Indicated in Vayu-kapha fever with excess of sleep, irritation of throat, catarrh of nose, headache and high fever, also in Pitta and Kapha fever.

Salpa-Jvarankus—Aconite, Mercury, Sulphur

Dhatura seed

Trikatu (3 carminatives)

made into pills with ginger juice and inside of seed of Lime.

Chintamani Rasa—Aconite, Mercury and Sulphur, Iron and Copper

Dhatura seed

Chitra (P. Zeylanica) - stimulant

Trikatu

made into pill with ginger juice and citrus acids.

(5) *In which Arsenic and Mercury are combined with Sulphur.*

Kalpa-taru Rasa—Mercury and Sulphur and Realgar.

Snake-poison (Stimulates the adrenals, very heating)

Bimala (origanum vulgare)—bitter

Borax

Trikatu (2 peppers and ginger)—carminative

It is very heating and stimulant, destroys Vayu-Kapha

Adjuncts:—with ginger juice in Vayu-Kapha fever, cough, asthenia and indigestion are benefited

If used as "Nasya" (Snuff) or "Pralepa" (paste), it relieves headache due to Vayu-Kapha, Delirium and Giddiness.

Nava-Jvarankusha—Mercury, Sulphur, Orpiment, Calcined

Borax, mixed with bile of "Rohee" fish into 2 gr. pills

It induces perspiration and relieves the temperature in Kapha and Kapha-Pitta fever.

Gada-murari—Mercury, Sulphur, Realgar, Iron-pyrites, Copper, Lead, Hingul (from which pure mercury is extracted)

Sitabhanji-Rasa—Mercury, Sulphur, Orpiment, Realgar are made into a paste with juice of Karala (*Momordica charantia*)

Apply this paste on copper plate and enclosing the whole thing in a crucible, roast in sand-bath for 12 hours

When cool, take out the copper plate and pulverize it and make into grs. IV pills, with black pepper. It should be taken enclosed in betel leaf.

Indications—In intermittent fever with shivering fits (Malaria etc.) give cold water or sugar cane juice and soup of *Phaseolus mungo*.

Visveswar-Rasa—Mercury, Sulphur, Copper, Iron, Orpiment Katphal (*Myrica Sapida*)—Expectorant.

Mrisha Sringhi (*Gymnia Sylvestra*)—Bitter

Boeh (*Acorus calamus*)—Carminative

Dried ginger—Carminative

Bamanhati (*C. Siphonanthus*)—Expectorant

Haritaki (*C. Myrobalum*)—Laxative

Bala (*P. Odourata*)—Aromatic, Stomachic

Coriandar—Carminative ; and add juice of

Khetpapra (*oldendalia corymbosa*)—antifebrile

Adjunct—Rock salt, juice of Kakmachi (*Solanum Nigrum*)—diuretic

Vata-Pittantak Rasa—Mercury, Sulphur, Mica, Copper, Iron, Swarna Makshika (Iron Pyrites)

Mutha (*C. Rotundus*)—Diaphoretic

Glycerrhiza—Laxative

Grapes—Laxatives

Myrobalum—Laxatives

Satamuli (*Asparagus Sarmmentosus*)—diuretic, alterative to be mixed with juice of

Ghratakumari (*Iponœa Digitata*)—cooling, alterative ; to be taken with sugar and water in Vayu Pitta Fever.

(6) *Combination of Aconite, Arsenic and Mercury.*

Sambhunath Rasa—Aconite, Orpiment, Realgar, White Arsenic, Cinnabar, Mercury, Sulphur, Borax, Alum and opium

Soak in juice of leaves of *Canabis Sativa* and

Nishinda (*Vitex Negundo*)—expectorant

Dhatūra, Nim (*Melia Azadirachta*)—antifebrile; and make into 2 gr. pills

with ginger juice—in high fever with cough and diarrhœa.

Visha-Bati—Aconite, Mercury, Sulphur, cinnabar, orpiment, Borax, mica, rock salt, and black pepper

rub with bile from buffalows' liver into gr. IV pills.

Indicated in Pitta fever, Vayu-Kapha fever, fever with excessive heat and perspiration with burning of palm and sole (pitta excitation)

Adjunct—Ginger juice and honey.

Contraindicated in fever with vomiting and purging.

Chandeswar Rasa—Mercury, Sulphur, copper, aconite, white Arsenic. Rub in ginger juice for an hour, then soak in ginger juice and dry in the Sun; continue this process for 7 successive days ("Bhapna"), then soak in juice of Nishinda (V. Negundo) and give "Bhapna" (after soaking, dry in the sun) and repeat the process for 7 consecutive days.

Adjunct—Honey and ginger juice

Cold bath, Soothing oil application and nourishing meat soup to be given.

Indicated in Kapha and Vayu-Kapha fever with pain in the head and inside the body (Influenza group, Rheumatic fevers etc.) also in Niram stage of fever with headache.

Agar-Kasturi—Aguru (wood of aquillaria agaloecha—fragrant), musk, ginger and the two peppers, nutmeg, mercury, sulphur, orpiment, aconite, Rudraksha (*Elæocarpus ganitrus*); mix with water into gr. IV pills.

Indicated in Pitta, Kapha-Pitta and Vayu-Kapha fevers in Sannipat with burning and sleepiness.

Adjunct—Ginger juice and honey.

Jvara-kulantak—Iron and mica, aconite, Kajjali (of mercury and sulphur), Cinnabar, Red and White arsenic, realgar, Root of Akanda (*calatropis procrea*—antifebrile), root of Karati (*Nerium odourettum*—cardiac tonic), croton seed

N. B. Mica is silicate of Iron and Magnase—Haematinic.

Indicated in Vayu-Kapha and Pitta Kapha fevers accompanied with very high temperature.

Contraindicated in children, old men and delicate individuals.

Give Rice with soothing food and drink.

PHYTO-ANALYSIS AND HOMŒOPATHY

BY

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The latest conclusions that in plants animal hormones are also to be found, e.g. in the drug *Polygonatum offic.* an extract of the pancreas, similar to insulin, or in the tuber of rhubarb plant, the ingredients of the human liver, i.e. Cholesterine, have led to a new method of consideration, with regard to the relations between animals and plants, which may be especially applied to the scientific explanation of the homœopathic main principle. These relations between animals and plants may be explained phylogenetically.

Considering the development of plants and animals on the earth, from the primordial cell, we find that plant and animal classes have developed equally in a periodical change. The dependence on each other, as is known, is already conditioned by the plants inhaling carbonic acid breathed out by human beings and animals, and working it into starch, or sugar, respectively, and in exchange, exhaling oxygen, which is urgently acquired by human beings and animals for the purpose of life, i.e. that no plant is able to live without the presence of animals. But this dependence exists not only with regard to the respiration, but also with regard to the growth, the building up, and the vital forces.

The plants live from the excrements of the animals, or from their decayed bodies, and the animals live from the plants. Yet we know that the hormones of the animals in their decayed state are less at the disposal of the plants for the working up and the working on than in animal excrements, i.e. in the urine. We know that, for instance, women when pregnant develop already on the first day after conception pregnancy hormones in the urine. These may be applied according to the Zondeck method for the test of pregnancy. This method is carried out in such a way, that, for instance, 1/10 ccm. up to 1 ccm. of the urine of women is injected into young female mice. These show then, in the case of pregnant persons, a particularly speedy development of the ovaries. The result of this is that the secreted hormone develops its hormonal effect also in another class of animals.

The recently deceased Berlin physician, Dr. Zikel, was able to prove that a hormone displays also a specific effect in the plant. He manured some particularly valueless plants with animal hormones, and proved a characteristic change of the sap of these plants. With the enormous quantities of human and animal excrements, as Ernst Fuhrmann describes so well in his books "Agave" and "Der Bienenmensch", it is clear, that the working up of the excrements is for the plant, not only a question of satisfying the demand for oxygen, but the hormones, and enzymes found in the excrements are necessary for life, for the building up, and for the growth, and have even become a deciding factor for the development of the plant. One can affirm that genetically an animal period influences hormonally, and also with regard to the building up, the development of a plant period, and that the higher developed plant class contributes again to the further development of the animal class. So it has become a characteristic differentiation of the plants, which makes itself known, in that some plants seek the human dwelling places, while others avoid them, that means that plants which seek human beings, are dependent on their excrements, viz Aconitum, Conium, Bursa pastoris, etc.

It is interesting that the influence of the human and animal excrements results in the further working up a bipolarisation in the plant. This allows itself to be proved particularly easily with regard to mushrooms. We see, for instance, on the cakes of the cow-dung in the meadows, two kinds of mushrooms grow, on the one side a mushroom which condenses, or takes over the aromatically relishable parts, that is the champignon, and on the other side a mushroom, which builds up and condenses the poisonous parts of the excrements, that is Agaricus phalloides. The tiniest pieces of this mushroom produce, when eaten by human beings, the appearance of intestinal poisoning, as appears when a motion remains too long in the body. From this and certain other similar comparisons, it follows that the poisonousness of a plant is at the same time a proof of the existence of that animal class, on the excrements of which this plant builds up, and the hormones, or the enzymes of which it condenses to poison. On the excrements of the reptiles we see the developing of poisons for reptiles. In the bird era, we observe the appearing of plants, for instance, umbelliferous plants, the seeds of which are poisonous specifically for birds. These seeds are, however, less poisonous for animal classes, which have developed before, or later than this era. Even

five carraway seeds are sufficient to kill a sparrow. Thus, the cabbage lettuce builds up on the excrements of rabbits, and hares, because for these, the so-called "heart leaves" of the cabbage lettuce are very poisonous, whereas, as is known, these leaves are not poisonous for human beings. We know that goats are absolutely insensitive, for instance, to opium, or morphium; cows and horses, however, are again, very sensitive to these. The papaveraceous plants, therefore, have only developed during the period of development of bovines, horses, and human beings. The poisons of the plants are, therefore, genetical condensations of the hormones, or intestinal excrements of certain classes of animals.

What signification has the physiological connection between animal and plant, for the healing value for each other, and for the healing power for human beings? This question is especially interesting for us. It signifies, according to Fuhrmann, removal of constitutional anomalies in the instance of supplying of the lacking or the diminishing of the surplus. When a human being completes ontogenetically in the womb, the development from the embryo, within nine months up to-day's perfection, this is a shortened course of the development of mankind on the earth from the primordial cell up. Should a disturbance, or even only a restraint enter, thus the fish nature, or the reptile nature is only incompletely, or too completely developed in the foetus. The infant is then born with a so-called tendency which we designate from the physical standpoint as constitution, from the psychical standpoint as a characteristic tendency. The constitutional, or characteristic anomalies are signs of lacking, or reversed, preponderance of periods in the ontogenesis. They may in all probability be influenced by the application of plants with hormonal condensations of the various animal classes.

Whether, indeed, it is possible to analyse the plant in this instance, is a question, the answer to which remains to be found in the future. The best method that we have at our disposal at the present time is the pathogenesis of the plants that means the proof of the efficacy of the plants on healthy persons as practised in homœopathy.

For the explanation of the particular symptoms occurring with this is yet a further account required.

The modification of the healing power as found in the plants is conditioned by various circumstances, viz. the growth in the sun causes the plant to produce a sap. e.g. with Cina, Colchicum,

Dulcamara, etc., which administered to healthy people produces sometimes a feeling of "improvement of the complaints by warmth." In case of heliopathic plants, e.g. *Daphne mezereum*, or *Agaricus*, we are able to state from the tests with the sap of these plants that "the complaints are improved by coldness. In case of climbing, or twining plants which have no support of their own, e.g. *Bryonia*, one finds sometimes with tests on healthy people the symptom "aggravation by movement." for the plant dies, if it is deprived forcibly of its support, on the other hand one finds with this plant the symptom "improvement by resting". Reversed, one finds with plants which creep by underground rhizomes, or overground shoots, e.g. *Rhus toxic.*, the symptom 'improvement by movement." When the plant grows on soil containing salt, it thus develops particularly strong healing powers, e.g. it develops with *Artemisia marit.*, on soil containing soda, the efficacious *Santonin*. When *Artemia* is cultivated on soil containing no salt, it develops no *Santonin*. The plants which endure bruising, or a break, or a contusion by a good gallic formation, for instance, the broad plantain, *Symphytum offic.*, *Helianthus* or *Arnica*, have a very good regeneration hormone which may be used with success also with internal therapy in cases of broken bones, and contusions, but also externally for badly healing wounds, and abscesses on the skin. Plants growing in swamps, strongly containing humic acid, have a particular power to work up the uric acid, e.g. *Ledum palustris*, *Kalmia latifolia*.

Everywhere the healing power of the plants may be explained by the growth, and the nature of the ground, the building up on animal excrements, etc. The root has, generally speaking, strong resemblance to the stomach, and intestinal canal. It may be designated as an inverted intestine of the plant, it develops ferments, which assists in digesting the earth as we find it similarly in the human intestine. I will bring to notice the tubers of the roots of legumes filled with bacteria *radicicola*, or the symbiose of the mushrooms on the tips of the roots which are designated as *Mykorrhiza*. If one wishes to test, for instance, the ferments of a root, one makes a root creep over a polished marble plate. One sees then along the path, that the marble plate is lightly corroded. In short, we have to contend with absolutely similar relations between the roots of plants and the animal intestine. The root stock develops various hormones of the intestinal gland, as the liver gland, and the pancreas. It also shows peristalsis. This

continues in the overground plant in form of a pulsation, as we know this from the human pulse. We find with plants also nerves, a heart centre, and much which is comparable with animal organs. He who is interested in this, should read the beautiful book, "Pflanzen-schrift" ("Plant Autographs and their revelations"), of the Indian, Dr. Bose.

The bark serves for the protection against the attacks of animals and insects. The greater the attacks, the more capable of resistance is the bark, and the better is its medical usefulness. Thus we apply China-bark for malaria infection which attacks through the skin. One third of the diameter of the China-tree consists of bark. We apply the Ratanhia bark for chapped skin. A large overground development of the plant, and a neglect of the underground parts shows strong relations to the skin and the lungs, e.g. Mallow. The contents of the bundle of the vessels show a relation to the blood circulation, e.g. Camphor. When the plant grows on stones, or calcareous earth, the leaves, for instance, of the saxifraga variety, secrete large quantities of carbonate of lime, and for the assimilation of the lime in the human body the saps of this plant class are especially qualified.

The flowers of the plants have relations to the head and the genital organs, i.e. the hypsophills, and the perigone leaves to the brain, and to the skull. I call to mind the development of the poppy head, and its effect on the brain, and the sepal floral leaves and stamina on the genital organs. The hypsophill is with some plants of a very characteristic form. It wraps up the flower of *Arum tryphillum* with a necklike lancing, by which the insects are retained. The power of resistance of the hypsophill against the attacks of the resisting insects is an explanation of the efficacy of this plant against the affection of the neck-organs, especially the larynx. The flower has sometimes a very energetic effect on the genital organs. One may think of the application of the flower of *Crocus sativus* which formerly has been misused for abortion. A tree which has been deprived of all its flowers is as ill as a woman practising abortion. A shrub with unfertile flowers as in the case with snowball (*Viburnum opulus*) has an inhibiting effect on the functions of the womb. With the powder, made of the root of this shrub all labour-pains can be brought to a standstill, i.e. to prevent a threatening abortion. Interesting is the efficacy of fungi growing exuberantly in flowers, and which also displays a strong efficacy on the genital organs, viz. the maize mildew

prospering on the spadix of the Indian corn (*Ustilago maidis*) has a specific effect on the uterus, also the ergot (*Secale cornutum*), which ripens in the flower of the corn, i.e. the genital organs.

The Phyto-analytical method of considering allows to appear always in a new light the pathogenesis of the plants, i.e., the picture of the symptoms as applied in homœopathy.

The approved homœopathic main symptoms, especially the mental symptoms, may be explained by the growth, the building up, and the mode of life of the plants. When *Pulsatilla pratensis* allows the large flower heads to droop, thus the mental symptom "the hanging of the head" is no fantasy of a subdued signature theory, but conditioned by the hormonal powers of the plant, which may be genetically established at a later time.

For this a greater co-operation between the botanist and the physician is essential. The physician must become again a botanist, and must regain from studying the symbiose of men and plants, the surety for the right application of the remedies.

I would like to mention, finally, still another claim, which for the practitioner arises from the application of the hormones of the plants. The hormones particular to the plants, not their poisons, are, as well as the vitamins, bound up with the albumen of the plant, they are immaterial, i.e. not to be isolated, but a condition of the albumen. This albumen of the plant is contained unchanged in the fresh sap, or pap of the plants, but it is precipitated by the addition of alcohol. The homœopathic prime tincture which represents a mixture between the sap of the plant and alcohol and from which all turbidities, and precipitations have been filtrated out, is not the ideal final aim of the form of administration. If the full effect of the plant is desired, thus one is obliged, as Hahnemann already recommended in the second edition of his book, "Chronic illnesses", volume three, pages 176 and 230, to proceed from the triturations of the fresh leaves. The tests of *Conium* and *Digitalis* were undertaken by Hahnemann already with such fully effective triturations. Unfortunately the triturations from fresh plants could not proceed. This was owing to Grunar, who declared in first homœopathic pharmacopœia that one could renounce the prescription of these triturations, as the production would be too complicated.

To-day this reason is no more standing the test. We must return to the best form of administration, i.e. the trituration of the fresh plant.

In Germany these trituration are already obtained in mass production.

What concerns the producing of these triturations, Hahnemann has already drawn attention to them on page 268, footnote 2, of his book "Organon" (sixth edition, page 242) (what has been newly found, one hundred years later, by allopathy, see Trendelenburg, "Prescription for Remedies", second edition), that these powders are only then "for ever unperishable" i.e. durable, if they have been relieved of their superfluous moisture. These preparations are, therefore, according to the prescriptions of Hahnemann, to be made as free from water as is, on the whole, technically possible.

This condition has to be observed, when producing triturations from fresh plants. Triturations from fresh plants are to be favoured in the prescription, when it is essential to have the efficacy of the hormones particular to this plant.

Summary as follows :—

The phyto-analysis, i.e. the study of the building up, the growth, the mode of life of the plant, the test of the animal excrements condensed in the plants, the test of the hormones of the plants, gives the scientific base of the pathogenesis, i.e. the symptom-theory of homœopathy.

MIDWIFERY IN ANCIENT INDIA

BY

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VII

THE LYING-IN-ROOM.

Caraka says,—“Before the ninth month of pregnancy, the lying-in-room should be constructed. The land should be cleaned of bones, gravels and potsherds. The ground selected should be of auspicious colour, taste and smell. The gate of the house should face towards the East or the North. There must be a store of wood such as *Vilva* (*Ægle marmelos*). *Tinduka* (*Diospyros embryopteris*), *Inguda* (*Balanites Rox.*), *Bhallataka* (*Semecarpus anacardium*), *Varuna* (*Ocimum basilicum*), *Khadira*

(*Acacia catechu*) or wood of other kinds said to be auspicious by a Brahman versed in Atharvaveda ; and there must be a sufficient provision for clothes, liniments, and covers. For the pregnant woman, be careful to have a fire-place, water, pestles and mortars, a privy, a bathing place, and ovens. These should be constructed according to the science of engineering and should be pleasant with regard to the season. There should be collected clarified butter, oil, honey, different kinds of salts, such as rock salt, sonchal salt, and black salt, *Vidangas* (*Embelic Ribes*), treacle, *Kustha* (*Saussurea lappa*), *Kilima* (*Pinus decodara*), *Nagara* (dried root of *Zingiber officinale*), *Pippali* (*Piper longum*), its root, *Hastipippali* (*Scindaspus officinalis*), *Mandukparni* (*Hydrocotyle Asiatica*), *Ela* (*Elettarium cardamomum*), *Langali* (*Gloriosa superba*), *Vaca* (*Acorus. calamus*), *Cavya* (*Piper cavo*), *Citraka* (*Plumbago zeylanicum*), *Ciravilva* (*Pongamia glabra*), *Hingu* (*Ferrula Assafetida*), *Sarsapa* (mustard seeds), *Lasuna* (*Allium sativum*), finely or coarsely powdered rice, *Kadamba* (*Anthocephalus kadamba*), *Atasi* (*Linum usitatissimum*), *Vallija* (*Cucurbeta pepo*), *Bhurjja* (*Betula bhojpatra*), *Kulatha* (*Dolicos uniflorus*), *Maireya* (a spirituous liquor from the blossoms of *Lythrum frutescence*), and *Asava* (vinous fermented liquid from sugar or molasses, Rum). Also collect two pieces of stone (muller and stone slabs), two pestles, two mortars, an ass, a bullock, two sharp needles of gold and silver, two skeins of threads, sharp instruments of steel, two wood bedsteads (of *Ægle marmelos*), and wood of *Tinduka* and *Ingudi* for easily igniting fire. The female attendants should be mothers of children and friends and relatives of the patients. They must be fond of her, skillful in work, intelligent, jolly, laborious, full of tender love for the children and a favourite of the mother."

Surgical Instruments of the Hindus, vol. I. Pp. 38-40.

"The best sort of grounds should abound with milky trees full of fruits and flowers ; the boundary should be of a quadrangular form, level and smooth, with a sloping declivity towards the east producing a hard sound, with a stream running from left to right, of an agreeable odour, fertile, of an uniform colour containing a great quantity of soil producing water when dug to the height of a man's arm raised above his head, and situated in a climate of moderate temperature."

Manasar, Ch. I. quoted in Ram Raj's *The Architecture of the Hindus*" p. 16.

प्राक् चैवास्या नवमान्मासात् सूतिकागारं कारयेदपहृतास्थिशर्करा-
कपाले देशे प्रशस्तरूपरसगन्धायां भूमौ प्राग्द्वारमुदग्द्वारं वा बैल्वानां
काष्ठानां तैन्दुकानामैङ्गुदानां भाल्लातकानां वारूणानां खादिराणां वा ।
यानि चान्यान्यपि ब्राह्मणाः शंसियुरथर्ववेदविदस्तेषां च । वसनालेपना-
च्छादनापिधानसंपदुपेतं । वास्तुविद्याहृदययोगेनाग्निसलिलोदूखल-
वर्चःस्थान-स्नानभूमि-महानसोपेतम् । ऋतुसुखं च ।

तत्र सर्पिस्ते लमधुसैन्धवसौवर्चलकाललवणविडङ्गगुडकुष्ठकिन्निम-
नागरपिप्पलीमूलहस्तिपिप्पली मण्डूकपर्णेलालाङ्गलिकौषचात्रव्यचित्रका-
चिरबिल्वहिङ्गुसर्पपलशुनकणकणिकानीपातसौवर्ज्जोऽजभूर्जाः कुलत्थमैरेय-
सुरांसवाः सन्निहिता स्युः । तथाश्मोनी द्वौ । द्वे चण्डमृपले । द्वे
उलूखले । खरोद्वपभश्च । द्वौ च तीक्ष्णौ सूचोपिप्पलकौ सौवर्गराजतौ ।
शस्त्राणि च तीक्ष्णायसानि । द्वौ च बिल्वमयौ पर्यङ्गौ । तैन्दुकैङ्गुदानि
काष्ठान्यग्निमधुक्षणाणि । स्त्रियश्च वज्रयो वहुशः प्रजाताः सौहार्दयुक्ताः
सततमनुरक्तार प्रदक्षिणाचाराः प्रतिपत्तिकुशलाः प्रकृतिवत्सलास्त्यक्त-
विषादाः क्लेशसहिष्णवोऽभिमताः । ब्राह्मणाश्चाथर्ववेदविदः । यच्चान्यदपि
तत्र समर्थं मन्यते । यच्चाण्यच्च ब्राह्मणाः ब्रुयुः स्त्रियश्च ह्यदास्तत् कार्यम् ।

Caraka Samhita, IV. viii.

We have already quoted the description of the Lying-in-room as given in the *Susrutasamhita*. Later authorities follow the directions of Susruta. Bhava Misa says "The Lying-in-room should be eight hands long and four hands wide and should face towards the East or South as recommended by Susruta—

अष्टहस्तायतं चारुचतुर्हस्तविशालकं ।

प्राचीद्वारमुदग्द्वारं विदध्यात् सूतिकागृहम् ॥

Bhavaaprakasa.

We find similar descriptions in modern text-books. I quote a passage from the *Encyclopædia Medica*, vol. 6. P. 1882.

The Choice of a Room—

"The room in which a labour is to take place should preferably be large and airy, with a southern or western exposure if possible. A patient always gets on better if the room is light and gets a certain amount of sunshine. There should be an open fire-place (not a gas stove) and a good window to insure proper ventilation..... The bed should be fairly hard.....

made up in the ordinary way, then covered with a mackintosh sheet well tucked over the edge and covered with a draw-sheet. It is of great advantage to have over this a thick square of absorbent wool, which is burned after it is soiled by discharges. This should be changed once or twice during labour."

I received the following letter regarding the खरोवृषभश्च, *Khara* and *Vrisabha*, as mentioned by Caraka as necessary for the Lying-in-room—

171, Badhwar, Poona City,
3-3-28

Dear Dr. Mukhopadhyaya,

While hunting out for 'Obstetrics' in the Sanskrit Medical literature I came across the following in Caraka.

हे चण्डमुसले, हे उदूबले, खरा वृषभश्च * *

चरक. भा. अ. ८ ।

(Nirnayasagar Edition with Commentary.) The commentator makes no mention about it. Susruta does not give any similar description. Astangasangraha अष्टाङ्गसंग्रह takes no notice of this particular passage but copies out one in the next paragraph in Charaka, *i.e.*,

खरस्य वृषभस्य वा जीवतो दक्षिणं कर्णमुद्धृत्य दृपदि जर्जरोक्त्य

This relates with the अपरापातनं कर्म. The commentator however does not give any explanation. अष्टाङ्गहृदय (Astanga-hridaya) makes no mention about such thing. Shri J. N. Sen in his 'Upaskara' Commentary gives खरः गर्दभः । That is too plain. In your book 'Surgical Instruments of the Hindus' p. 40, you have translated the words similarly, *i.e.*, "An ass and a bullock". To my mind it sounds much unreasonable. Some do take the view that such prescriptions which abound in Sanskrit medical literature are the precursors of Organotherapy. Even granting that, I cannot imagine the value of that piece of ear in placental delivery. If it were blood that was required, it could easily be had by venesection which was largely practised then.

I would be much obliged if you kindly help to advise if I am any way wrong in my presumption that the passage must be meant in quite a different manner than what is being done up till now.

Wishing this deserves your kind attention and hoping to be excused for the trouble,

Yours sincerely,

(Sd.) G. D. Apte.

I could not send any reply to this letter as I was not able to satisfy myself about the usefulness of the ears of the ass and bullock. I searched in the medical literature as far as I could but I found no such passage anywhere, except in the *Astanga-saṅgraha* which has quoted *verbatim* a passage from Caraka as mentioned in the letter. I however, collated the readings in the different editions of the *Caraka Samhita*, and the readings stand thus in the different editions which I have been able to consult—

J. N. Sen's Ed.—

1. खरो वृषभस्य ।

C. S., IV. viii. P. 1314.

खरो गर्दभः ।

Upaskara, IV. viii. 1314.

2. खरस्य वृषभस्य वा जीवतो दक्षिणं

कर्णमुत्कृत्य दृषदि जर्जरीकृत्य ।

C. S., IV. viii. Pp. 13221—22.

जीवतः खरस्य वृषभस्य वा दक्षिणं कर्णं

उत्कृत्य कृत्वा दृषदि प्रस्तरे

जर्जरीकृत्य कुट्टयित्वा ।

Upaskara, IV. viii. Ph. 13231—22.

Trivikrama Jadaba

Sarma's Ed.—

1. खरो वृषभस्य ।

C. S., IV. viii. P. 387.

2. खर वृषभस्य वा जीवतो etc.

C. S., IV. viii. P. 390.

Bangabasi Ed.—

1. खरो वृषभस्य ।

C. S., IV. viii. P. 278.

2. खरवृषभस्य जरतो वा दक्षिण कर्ण-

मुत्कृत्य दृषदि जर्जरी कृत्वा

C. S., IV. viii. P. 280.

Satis Ch. Sarma's Ed.—1. खरो वृषभश्च ।

C. S., IV. viii. P. 563.

2. खरवृषभस्य जरतो वा दक्षिणं कर्ण-
मुत्कृत्य दृषदि जर्जरीकृत्य ।

C. S., IV. viii. P. 566.

Gangadhara's Ed.—

1. खरो वृषभश्च ।

C. S., IV. viii. P. 235.

खरोगर्जभः वृषभोऽनेडान् ।

Jalpukalpataru, IV. viii. Pp. 235—36.

2. खरवृषभस्य जरतो वा दक्षिणं कर्ण-
मुत्कृत्य दृषदि जर्जरीकृत्य

C. S., IV. viii. P. 240.

खरवृषभस्य पुं गर्जभस्य जरतो वृद्धस्य दक्षिणं
कर्णं वा उत्कृत्य कर्त्तनं कृत्वा
जर्जरीकृत्य कुट्टयित्वा

Jalpukalpataru, IV. viii. P. 240.

Vaman K. Datar's Ed.—

Nirnay-Sagara Press—1. खरवृषभश्च ।

C. S., IV. viii. P. 343.

2. खरवृषभस्य वा जीवतो दक्षिणं कर्ण-
मुत्कृत्य दृषदि जर्जरीकृत्य ।

C. S., IV. viii. P. 344.

The commentator Cakrapanidatta is silent in his commentary *Ayurvedadipika* about these passages.

Thus we find that the prescription containing the decoction of the minced right ear of the ass or bullock occurs in the original *Carakasamhita* and is quoted in the *Astangasamgraha* of Vagbhata I, whose date has been provisionally fixed at the First Century B. C. (see *History of Indian Medicine*, vol. III. p. 790). It seems, however, strange that this prescription does not occur in any of the later medical treatises, not even in the *Astangahridayasamhita* written by Vagbhata II. This fact is one of the internal evidences in support of our opinion that the two Vagbhatas, the authors of the *Astangasamgraha* and

Astangahridayasamhita, are different individuals and not one and the same person.

In the different readings quoted above, we find that the adjective 'Jivato' जीवतो or 'living' has a variant reading 'Jarato' जरतो or 'old'. But for all practical purposes the readings are the same in the different editions.

We do not know anything about the efficacy of such a prescription, and evidently the later authorities did not attach much importance to it, otherwise they would not have all ignored it. So that it remains as a relic of the ancient medical practice. The prescription runs as follows.—“The right ear of a male ass or a bullock, living or old, is torn away ; it is then thoroughly minced on a stone slab, and then thrown into the decoction of *Vallaia* (*Saccharum cylindricum*) or other ingredients, and is then taken out of it after a minute.” This decoction is then given to the puerpera as a drink, and this produces then its activity as a stimulant to placental delivery. The efficacy of the remedy requires confirmation by test experiments, and unless it is done, I do not advise any woman to try it during her confinement. The prescription is no doubt unique. But it cannot be considered as an interpolation by later writers, even though it does not appear in the writings of Susruta and other writers of text-books. We find it in the writings of Caraka and Vagbhata I., both very ancient and reputed authorities in the Ayurvedic medical science.

It should be noted that the therapeutic agent here is not the blood, (the blood might have been secured in other ways), nor the soft parts of the ear (the musculo-cutaneous structures are removed after dipping them for a moment); it may be some peculiar property of a substance, unknown to us, which may be manifested by such a decoction. It may be organo-therapy, but we do not know of any glandular structure, the secretion of which is contained in the right ear of animals mentioned. It may be the wax of the ear that serves to stimulate the birth of the secondines. But all this is guess. I have, however, found out another prescription which contains the wax of the ears and the rheum of the eyes of a buffalo as ingredients of a preparation, known as *Rasaranjaka* which is said to improve the quality of iron, lead, gold, and copper. This prescription occurs in the *Rasendracintamani*, p. 19 and it runs as follows—

अत्र गन्धर्वतैलमपि रसहृदयस्वरमात् ।

जर्णाटङ्गगिरिजतु महिषीकर्णाक्षिमल इन्द्रगोप कर्कटकाः
इन्द्रमेलापकौषधानि । etc.

Here we find an example which proves that the original writings in the Sanskrit medical literature require confirmation by observation and experiment. We may discard them if we find them useless, but for reasons that such prescriptions are curious or seem to us as 'unreasonable,' we cannot delete such passages from the ancient authorative text books.

But the prescription is not so curious as it may seem at first sight. Similar prescriptions are found in countries, situated far from India, among people who are fairly advanced in point of civilisation. The use of the parts of the body of animals in the treatment of difficult labour, we find, in the list of local drugs in the *Medical Practices and Superstitions of Kordofan*, in the *Third Report of the Wellcome Research Laboratories at the Gordon Memorial College, Khartoum*, p. 299.

"45. *Um Baishat*.—Dried muscle-tissue taken from the left shoulder and upper arm of the porkupine (*Um Baishat*). It is administered in cases of difficult labour in the form of powder which is mixed with water and swallowed."

THE AFTER-BIRTH

After the child's birth, you should enquire if the placenta has been safely delivered. If not, press with force over the navel region of the mother with your right hand, and shake her by your left hand placed on her back. Then with your heel, fix the pelvis and press well the two buttocks together. Introduce her hair into her throat, so that she may be nauseated and helching may occur.

Then apply fumigation to the vagina by burning *Bhurjapatra* (leaves of *Betula bhojapatra*), glass, or the cast skin of a snake, and prescribe the paste of *Kustha* (*Saussurea lappa*), *Talisa* (*Pinus Webbiana*), with the infusion of *Vallaja* (*Saccharum cylindrica*) root, or with wine or yeast or with the infusion of *Kulattha* (*Dolichos uniflorus*), or with the infusion of *Mandukaparni* (*Hybracotyle Asiatica*) and *Pippali* (*Piper longum*). Also prescribe the paste of *Ela* (*Elettaria cardamomum*), *Kilima* (*Pinus deodara*), *Kustha* (*Saussurea lappa*), *Nagara* (*Zingiber officinale*), *Vidanga* (*Embelia Ribes*), black-salt, *Carya* (*Piper*

chaba), *Pippali* (*Piper longum*), *Citraka* (*Plumbago zeylanica*), *Upakuncika* or cumin seeds (*Cuminum cyminum*); also scrape the cut right ear of a living or old male ass or bullock, press and mince it well on a stone-slab, soak it in the infusion of *Vallaja* (*Saccharum cylindrica*) for a moment; add the paste to the infusion, and let her drink the infusion. Apply cotton well-soaked in oil boiled with *Sankhapuspa* (*Canscora decussata*), *Kustha* (*Saussurea lappa*), *Madanaphala* (*Randia dumetorum*), and assafoetida and introduce the cotton in the vagina. Also use the oil for enema. Prescribe *Madanaphala* (*Randia dumetorum*), *Jimuta* (*Luffa pentandra* and *acutangula*), *iksaku* (wild variety of *Lagenaria vulgaris*), *Dhamargava* (*Luffa Egyptica*), *Kutaja* (*Holarrhena antidysenterica*), *Krtavedhana* (*Luffa amara*, *L. plackitiana*, *L. fætida*), *Hastiparni* (*Luffa cylindrica*), as paste with infusion of *Vallajadi* group (*Saccharum cylindricum*), for a restorative enema. This purgative acts with the *Vayu* and forces the placenta to be expelled with the passage of flatus, fæces and urine, which were preventing the descent of the after-birth.

यदा च प्रजाता स्यात् तदेनामवेक्षित काचिदस्या अमरा प्रपन्ना न वेति । तस्याश्चेदपरा न प्रपन्ना स्यादथेनामन्यतमा स्त्री दक्षिणेण पाणिना नाभेरुपरिष्ठाद्वलवन्निपीड्य सव्येन पाणिना पृष्ठम उपसंगृह्य तां सुमिधुतं निर्धुनयात् । अथास्याः पोश्वरां श्रोणीमाकोटयेत् । अस्याः स्किचावुप-संगृह्य सुपीडितं पीडयेत् । अथास्या बालवेण्या कण्ठतालु परिमृशेत् । मूर्जपत्रकाचमणिसर्पनिर्मोकैश्चास्या योनिं धूपयेत् । कुष्ठतानीशकल्कं बल्लजकाथे भैरेयसुरामण्डे कील्लये वा यूषे मण्डूकपर्णीपिप्पलीकाथे वा संप्लाव्य पाययेदेनाम् । तथा सूक्ष्मैलाकिनिमकुष्ठनागरविडङ्गकालविड-गुडचव्यपिप्पली चित्रकोपकुञ्चिकाकल्कं खरस्य हृषभस्य वा जीवतो दक्षिणं कर्णमुक्त्व हृषदि जर्जरीकृत्य बल्लजयूषादीनामन्यतमे प्रक्षिप्याप्लाव्य सुहृत्स्थितमुद्धृत्य तदाप्लावनं पाययेदेनाम् । शतपुष्पाकुष्ठ-मदनहिङ्गुसिद्धस्य चैनां तैलस्य पितुं ग्राहयेत् । अतश्चैवानुवासयेत् । एतैरेव चाप्लावनैः फनजीमूतकेच्चाकुधामार्गवकुटजकृतवेधनहस्तिपर्ण्युप-हितैरास्थापयेत् । तदास्थापनमस्याः सह वातमूलपुरीषैर्निर्हरत्य-परमासक्तां वायोरनुलोमगमनात् । अपरां हि वातमूलपुरीषाण्यन्याणि चान्तर्बहिर्मुखानि सज्जन्ति ।

THE BABY'S ROOM.

The engineer is to construct a room, spacious, beautiful, full of light, well-ventilated, but free from draughts, strong, and free from beasts of prey, animals with fangs, mice and insects. There should be kept water, mortar, and separate places should be assigned for bathing, cooking, urination, and defecation. It should suit the season of the year. The beddings, seats and covers should be comfortable and suitable to the season. Auspicious ceremonies should be performed in that room such as *homa*, expiations, and presents to gods, for the proper protection of the child ; and there should be present pious old men, doctors, and devoted attendants constantly. The child's bed-covers and sheets should be soft, light, pure and scented. These should always be free from sweat, dirt, worms or bugs, urine, and faeces. If repeated changes of new clothes be impossible, the soiled coverings should be well-washed and the beddings well purified with steam and thoroughly dried before they are used again. To purify or sterilise the dress, beddings, coverings and sheets by fumigation, use the following medicines with clarified butter ;—Barley, mustard seeds, linseeds, assafoetida, *Guggula* (*Balsomodendron mukul*), *Vaca* (*Acorus calamus*), *Coraka* (*Andropogon auricularis*), *Varastha* (*Chebulic myrobalum*), *Gelomi* (*Panicum dactylon*), *Jatila* (*Nardostachys jatamansi*), *Palankasa* (a variety of guggula), *Asoka* (*Soraca Indica*), *Rohini* (*Picrorrhiza kurroa*), and snake's skin. A variety of toys should be at hand and these should be coloured, light, musical, beautiful, and must not be sharp pointed. They should be of such a size and shape that they cannot be put into the child's mouth or do not terrify or kill the child.

अतोऽनन्तरं कुमारगारविधिमनुष्याख्यास्यामः । वास्तुविद्याकुशलः
प्रशस्तं रम्यमतमस्कं निवातं प्रवातैकदेशं हृदमपगतश्चापटपशदंष्ट्रि-
रूपिकापतङ्गं सुविभक्तसलिलोदूखनमूत्तवर्चःस्थानस्नानभूमिमहानसमृत-
सुखं यथतुं शयनासनास्तारणसंपन्नं कुर्यात् । तथा सुविहितरक्षाविधान-
बलिमङ्गलहोमप्रायश्चित्तं शुचिवृद्धवैद्यानुरक्तजनसंपूर्णम् ॥

इति—कुमारगारविधिः ।

शयनास्तारणपावरणानि कुमारस्य मृदुलषुशुचिसुगन्धीनि स्युः ।
स्वेदमलजन्तुमन्ति मूत्रपुरोषोपसृष्टानि च वर्ज्यानि स्युः । असति

संभवेऽन्वेषां तान्येव च सुप्रक्षालितोपधानानि मुधूपितानि शुद्धानि शुष्कान्युपयोगं गच्छेयुः ॥

धूपनानि पुनर्वाससां शयनास्तारणप्रावरणानां च यवसर्पपातसीहिङ्गु-
गुग्गुलुवचाचौरकवयः स्यागोलोमीजटिकापलङ्गवाऽशोक-रोहिणीसर्पनिर्मो-
कानि घृतयुक्तानि स्युः ॥

मणयश्च धारणीयाः कुमारस्य । खड्गरुग्गवयवृषभाणां जीवतामेव
दक्षिणेभ्यो विषाणेभ्योऽग्राणि गृहीतानि स्युः । ऐन्द्राद्यश्वोपधयः ।
जीवकर्षभकौ च । यानि चान्यान्यपि ब्राह्मणाः प्रशंसेयुरथर्ववेदविदः ॥

Protecton of thild and the mother.—The Lying-in-room must be surrounded by the branches of *Adam* (*Luffa pentandra* and *acutangula*), *Khadira* (*Acacia catechu*), *Karkandhu* (*Zizyphus sororia*), *Pilu* (*salvadora Persica*), *Parusaka* (*Grewia Asiatica*), and spread white mustard, linseed, *mudga* (*Phaseolus mungo*), and rice particles in the room. And so long as the ceremony of *namakarana* or naming of the child is not performed, perform *homa*, *bali* and other auspicious acts, every morning and evening, and keep a big iron pestle slantingly on the door; and tie *Vaca* (*acorus calamus*), *Kustha* (*Saussurea lappa*), *Ksaumaka*, *asafaetida*, white mustard, linseed, garlic, and rice-particles in a cloth, and hang the bundle on the northern wall of the room, Tie a similar bundle around the throat of the mother and the child, around water vessels, beadstead and door. There must be rice particles, water vessels, fire-wood, and burning charcoal in the room. The midwives and her friends must be there; they must remain awake and keep watch for ten days. During this period you must be careful that charity, auspicious acts, benediction, song and instrumental music be not completely stopped. The food and drink must be pure and clean. The attendants must be cheerful, obedient and fond of the mother and her child. A Brahmin should perform expiatory acts every morning and evening.

अथास्य रक्षां विदध्यात् । आदानौर्खदिरकर्कन्धुपौलुपुरुषकशाखा-
भिरस्या गृहं भिषक् समन्ततः परिवारयेत् । सर्वतश्च सूतिकागारस्य
सर्पपातसीतण्डुलकणकणिकाः प्रकिरेत् । तथा तण्डुलबलिमङ्गलहोमः
सततसुभयकालं क्रियते प्राङ् नामकर्मणः । द्वारे च मूषलं देहलीमनु-
तिरश्चोनं न्यसेत् । वचाकुष्ठक्षौमकहिङ्गुसर्पपातसीलशुनकणकणिकानां
रक्षोघ्नसमाख्यातानां चौषधीनां पीटलिकां बद्धा सूतिकागारस्योत्तरदेह-

स्यामवसृजेत् । तथा स्रुतिकायाः कण्ठे सपुष्पायाः । स्यान्मुदकुम्भ-
पर्यङ्गेष्वपि । तथैव हयोर्द्वारपक्षयोः । कणकणकतिन्दुककाष्ठेभ्यन-
श्वाग्निः स्रुतिकागारस्याभ्यन्तरतो नित्यं न्यात् । स्त्रियथैनां यथोक्तगुणाः
सुहृदश्चाणु जाण्डयुर्दशाहं द्वादशाहं वा । अनुपरतप्रदानमङ्गनागीः
स्रुतिगीतवादित्रमन्नपानविशदमनुरक्तं प्रहृष्टजनसंपूर्णं च तद्देशं कार्यम् ।
ब्राह्मणश्चार्यर्वेदवित् सततमुभयकालं गान्तिं जुह्यात् स्वस्त्ययनार्थं
कुमारस्य तथा स्रुतिकायाः । इत्येतद्रक्षाविधानमुक्तम् ॥

Caraka Samhita, IV, viii.

On the tenth day the mother should come out of the room with her child, rub themselves with *Sarvousadhi*, white mustard, and *lodh kaka* or paste of *Symplocos racemosa*. Then she must dress herself with light, entire and pure clothes and beautiful ornaments and she should touch auspicious objects first. Then she should propitiate her god, and having performed ceremony of expiation by a good Brahmin who has a *sikha* (a bunch of long hairs) on his head and who is of good form and is dressed in white dress. The child is to be covered entirely with an entire white cloth. The child's head should be directed towards the East or the North, and the father should say that the child is bowing first to the Gods and then to the Brahmins. He should select a name for the child according to the star of nativity or according to his own wish. The first and the last letters of the name must be selected from the three final letters of the letter-groups, or it may suffice, if *usmanta varna* be at the end. One should be careful that the name does not coincide with the name of his grand or great-grand-father. Another name which is fixed after the stars should consist of two or four words.

दशमेऽहनि सपुत्रा स्त्री सर्वगन्धोषधैर्गौरमर्षपलाघैश्च स्नाता
खण्डितशुचिवस्त्रं परिधाय पवित्रेष्टलघुभूषणवती च संस्पृश्य
मङ्गलान्युचितामर्चयित्वा च देवतां शिखिनः शुक्लवाससोऽव्यङ्गाश्च
ब्राह्मणान् स्वस्ति वाचयित्वा कुमारमचतेन शुचिनावाससाच्छादयेत्
प्राकशिरसमुदक्षिरसं वा संवेश्य । देवतापूर्वं हिजातिभ्यः प्रणमतौल्यत्वा
कुमारस्य पिता हे नामनी कारयेन्नाक्षत्रिकं नामाभिप्रायिकं
तत्राभिप्रायिकं च । नाम घोषवदाद्यन्तःस्थान्तमुष्टान्तं वाऽष्टद्वं
त्रिपुरुषान्तरमनवप्रतिष्ठितम् । नाक्षत्रिकं तु नक्षत्रदेवतासंयुक्तं कृतं
ह्रस्वरं चतुरश्रं वा ॥

Caraka Samhita, IV, viii.

Health and Hygiene

—:O:—

WORRY CAN BE CURED !

BY SIR W. ARBUTHNOT LANE

(In an Interview)

Is your life made a perpetual misery by fear about your job, your family's health, the rent, or the next instalment on the Insurance ? It needn't be because things usually work out right somehow. But you'll go on worrying—unless you put your health in order.

Worry is one of the greatest bugbears of our present-day civilisation. It is not only responsible for untold misery to millions of men and women, who could easily avoid it, but its poison leads to the increase and intensification of the same physical troubles which are always instrumental in promoting it.

And the mental effects are often infinitely worse than the physical. The disease of worry has only one primary use—faulty nutrition of the brain.

IT MUST BE HARMFUL

The habit of giving way to this complaint, of allowing the physical condition which gives rise to it, can do no possible good, and must inevitably be harmful.

A certain amount of anxiety over the small things of life, as well as the great, must be accepted, of course, as inevitable. But worry, "for its own sake"—that is, the unnecessary occupation of the brain by futile fears and magnified grievances and unhealthy thoughts of every description—the worry generally associated with "nerves," merely exists in proportion to feeling.

Just as the desirable state of health and happiness can never exist in combination with the state of worry, as a clear brain, devoid of injurious influences, can never exist supported by faulty nutrition.

The brain is a machine, a very complicated piece of mechanism, which cannot function without natural fuel.

"OILING" THE BRAIN

A motor-car is perhaps the best simile to adopt for the purpose of making the point quite clear. If a motor-car runs out of petrol it stops altogether and refuses to move. Similarly, if the human brain and body receive no nourishment at all, they merely cease to function and die.

But if a motor-car with a tank full of petrol runs out of oil, or the oil becomes frozen, the machinery becomes clogged and the cylinders eventually seize up.

The human brain also requires oiling. Its mechanism must be kept in order, not only by fuel or food, but by the reaction of the parts to the food supplied.

Food and drink, in their right proportion and selection, provide the necessary fuel for the body and brain, and also the oil to ensure the smooth running of the machinery.

NO FALSE MODESTY

There should be no false modesty about this smooth running. Constipation, without the slightest doubt, is by far the greatest factor in the creation of worry.

Why? Because material stagnating in the gastro-intestinal tract becomes foul and decomposed and consequently develops deadly poisons.

These poisons are absorbed into the circulation and prove extremely injurious to the functioning of every cell in the human composition.

To cure constipation, therefore, is to cure worry, and this can only be done by recognising that worry is physical, and obeying the laws of Nature by consuming fresh, raw food.

Again, worry is often the direct prelude to nervous breakdown, and I cannot do better than quote before a few sentences from a lecture delivered recently by Dr. Macpherson Lawrie under the auspices of the New Health Society.

The lecturer, who has devoted much time to the study of the nervous system, said that so-called "nerves" were really due to starvation, to exhaustion and to poisoning.

"Unless we see to it that our organs, our glands, our nervous systems are looked after, sooner or later every one of us will feel the strain and suffer perhaps for years under nervous and emotional disorders.

FRESH FOOD AND SEVERAL TUMBLERS OF WATER

"For the strongest amongst us has his breaking-point, and every serious nervous breakdown has a beginning. The more serious symptoms may not develop, but those of us who live on a bare minimum of fresh food, are living on the edge of a mental precipice, on the verge of nervous exhaustion which may grow into so grave a disorder as to require care in a mental home."

The lecturer went on to stress the importance of eating fresh food and of drinking several tumblers full of water daily, in excess of anything else.

"To see that our systems are not poisoned we must attend to these four drains," he concluded, "the lungs, the skin, the kidneys and the bowels. Neglect of these will poison as slowly but surely, until we become a useless member of society, a burden to ourselves and our friends."

This is a timely warning. It applies equally to nerve cases and to the victims of worry.

Worry can be cured !

—*The Hindu*.

SCIENCE AND HAPPY MARRIAGES

Doctor's Claim to Decide Suitability of Couples

SHAW ON RELIGION

INTERVIEWS WITH CELEBRITIES IN "GLIMPSES OF THE GREAT."

Will scientists be able within a few years to change the sex of a man or a woman ? Will they be able to bring the priceless boon of children to those who have hitherto been childless ?

Such questions are prompted by some chapters in a remarkable new book, "Glimpses of the Great," by George Sylvester Viereck (Duckworth, 21s. net), published recently.

Astounding accounts of the achievements of the scientists of Central Europe are contained in this series of interviews with famous people, gathered by the part-author of "My First Two Thousand Years."

"Happy marriages are not made in Heaven, but in the Laboratory," is a revolutionary view expressed by Dr. Magnus Hirschfeld, head of the great Sex Science Institute in Berlin.

Among other works, this scientist claims to be able to tell with absolute certainty whether a man and a woman are fitted to embark on a happy marriage.

LOVERS' QUARRELS

"We are in a position to see if a disagreement is merely a lovers' quarrel; that can be adjusted with a little forbearance on either side, or if it rests upon fundamental psychic or physical differences so pronounced as to render reconciliation not even advisable.

"We invariably advise divorce where no good may be expected for either of the parties, or for their children, from the continuation of marriage."

There is an account of the work of another modern wizard, Steinach. His methods of rejuvenating men and women without surgical operations of the Voronoff kind are briefly sketched, and he has miraculous things to show in experimental changes in the sex of animals.

"I was thrilled," writes Mr. Viereck, "when Professor Steinach showed me the first guineapig which was born as a male and woke up as a female !

The problem of the childless marriage has already been explained by biochemical theory, and Steinach and his co-workers hope eventually to provide an effective remedy.

Statesmen and philosophers are among those interviewed. Here are some characteristic utterances :—

BERNARD SHAW :—"This much I know, looking at life after seventy : men without religion are moral cowards, and mostly physical cowards, too, when they are sober.

"Civilisation cannot survive without religion. I can conceive of salvation without a God, but I cannot conceive of it without a religion."

THE EX-KAISER WILHELM :—"Two things sustain me in my exile ; sense of duty and my sense of humour.

GEORGES CLEMENCEAU :—"A Parliament of peace changes nothing ! International leagues do not obliterate international rivalries."

BENITO MUSSOLINI :—"Italy must have breathing space. We want no war. But we cannot live without air."

ARISTIDE BRIAND :—"We have had a military peace conference. We have had a political peace conference. What is needed now is a financial peace conference to put the world on its feet "

Notable persons interviewed include Mr. Ramsay MacDonald. Foch, Joffre, Voronoff, Keyserling, Einstein, Emil Ludwig, Henry Ford and many others.

—*Daily Mirror*.

Reports of Societies, etc.

DRUGS ENQUIRY COMMITTEE REPORT

Far-Reaching Proposals

Strict Check On Imported Drugs

New Delhi, Dec. 1.

Proposal of far-reaching character are made in the Report of the Drugs Enquiry Committee which has just been issued. Legislative control of drugs and pharmacy, registration of practitioners of indigenous medicine, imposition of additional five per cent. duty on imported chemicals and drugs and an additional twenty per cent. duty on medicines with undisclosed formula and establishment of Central and Provincial Laboratories are among the recommendations made by the Committee whose report is unanimous. The committee consisted of Dr. R. N. Chopra, chairman, Father J. F. Caius, Mr. H. Cooper and Mr. Abdul Matin Chaudhury members and Mr. C. Govindam Nair, Secretary. The various proposals made by the Committee fall under the following heads :—

- (1) British Pharmacopoeial and well-known and approved medicines.
- (2) Profession of pharmacy.
- (3) Patent and Proprietary Medicines.

- (4) Medicines made from indigenous drugs.
- (5) Development of the drug industry in India.
- (6) Government Medical Stores Depot.
- (7) Indian Pharmacopoeia.
- (8) Quinine policy.

LEGISLATIVE CONTROL.

The Committee states that there should be legislation to control drugs and pharmacy. The control in respect of drugs should be for those included in the British Pharmacopoeia and other known and approved medicinal preparations whether indigenous or not.

Legislation should be central with a view to secure effectiveness and uniformity to control throughout India.

Legislation should not be combined with that for foods as the control in respect of the latter should be provincial in view of the varying needs of the different Provinces.

Legislation may consist of either a combined Drugs and Pharmacy Act, or a separate Drugs Act and a separate Pharmacy Act.

"ADULTERATION DEFINED

The Committee dealing with British Pharmacopoeial Drugs and known and approved medicines defines 'Adulteration' on the lines of section 3 (2) of the Calcutta Municipal Act, 1923 and "Misbranding" as in section 3 (42) of the said Act

CENTRAL LABORATORY

The Committee recommends that a Central Laboratory should be established and maintained by the Governor-General in Council. It may be located either at Bombay or at Calcutta. The Laboratory should consist of two departments, (1) Pharmacology and Bio-Chemistry and (2) Chemistry and Pharmacy.

The functions of the Central Laboratory will be to do research work on the Pharmacological testing of drugs; to train public analysts in the methods of chemical, bio-chemical and biological assay; to undertake commercial testing of drugs for manufacturers and dealers on payment of the prescribed fees, particularly for those who are unable to set up their own laboratories for the testing of their products; and to assay and test chemicals, drugs, biological products and organometallic compounds on request by any person including Local Government, Provincial Laboratories or Inspectors.

Every Local Government should establish and maintain a testing laboratory in the Province incharge of a Public Analyst subject to the approval of the Governor-General in Council.

SPURIOUS DRUGS

Recommendations for Checking Sale

The sale, manufacture, or storage for sale of adulterated, misbranded or unwholesome drugs may be prohibited.

Punishments for the offences by way of fine, imprisonment and confiscation should be adequate and deterrent, second and subsequent offences being treated with progressive severity.

Every manufacturer, importer and retail dealer of drugs and medicines should be required to take out an annual licence as prescribed.

Purchasers, manufacturers and dealers also should be permitted to get samples analysed by Public Analysts.

PROFESSION OF PHARMACY

As regards the profession of Pharmacy, the report says no person should be eligible for registration as a pharmacist unless he has (A) successfully undergone a course of training as laid down by the General Council of Pharmacy : or (B) taken the degree of a Pharmaceutical Chemist of an Indian University,

Any person may be registered as a pharmacist without further training or qualifying examination who is (A) a duly qualified medical practitioner, registered or recognised, by the Provincial Council of Medical Registration or by the General Medical Council of the United Kingdom ; or (B) a holder of a British, American or Foreign degree in pharmacy ; or (C) a holder of a diploma of the Pharmaceutical Society of Great Britain ; or (D) a holder of a degree in science of an Indian University with evidence of sufficient training in Pharmaceutical Chemistry.

Any person may be registered as a pharmacist until the expiration of a period of five years from the date of the passing of this Act, (A) if he has successfully undergone the course of 'Chemist and Druggist' of the Madras Medical College, or (B) if he has obtained compounder's certificate from the State Medical Faculty, Bengal, after undergoing the revised course of training instituted in July 1923 ; or (C) if he is a qualified compounder and has been actively engaged in dispensing work for a period of not less than three years, or (D) if he has been actively engaged in dispensing work without qualification for the proceeding five years.

Provision should be made to institute a degree in Pharmaceutical Chemistry in the different Universities in India. Persons taking such degree will be eligible for registration as pharmacists.

No registration is necessary in the case of (a) persons selling drugs and chemicals in the ordinary course or wholesale dealing : (b) persons selling drugs and chemicals in unbroken packages and (c) persons selling useful household remedies prescribed by the Governor-General in Council.

PATENT MEDICINES.

The report next refers to Patent and Proprietary medicines and says every patent and proprietary medicine with a 'secret formula' manufactured in India or imported into India should be required to be registered on payment of a prescribed fee and a certificate of registration obtained for it, on the lines of the Patent and Proprietary Medicine Act of Canada. The certificate will be issued only on the disclosure of each medicinal ingredient to the department concerned. If alcohol in excess of 5 per cent. is present, the name and proportion of each ingredient which medicates the preparation so as to unfit it for use as an alcoholic beverage should be given to the department. If the medicine contains any of the specified (namely those mentioned in the schedule to the Patent and Proprietary Medicine Act of Canada) drugs, the proportions of the ingredients should be given to the department and also mentioned on the label.

If the medicines are found to be harmful or of a bogus nature, the Governor-General in Council in consultation with the Advisory Board should be empowered to prohibit their use. The manufacturer or importer should also be punished and the stocks forfeited.

NO OPIUM AND COCAINE.

The use of opium and its derivatives in medicines for internal use and cocaine and its salts in any medicine, whether for internal or external use, should be prohibited.

Drugs must be designated by their commonly used names. The provisions for inspection, seizure etc. of other drugs and chemicals should be made applicable to a patent and proprietary medicines.

CHECKING FRAUD

The author or the person responsible for the publication of fraudulent advertisements regarding patent and proprietary medicines and the printer and the publisher should be punished. Advertisements relating to aphrodisiacs, venereal diseases, remedies for maladies of women, cures for cancer, leprosy and tuberculosis should be prohibited. No false, misleading or exaggerated claim should be permitted to be made on labels, wrappers or advertisements. The general control of advertisements in other respects should be left to be prescribed by rules made by the Governor-General in Council.

Imported patent and proprietary medicines with secret formulae should, in addition to existing customs duties, bear a special duty of 20 per cent. advalorem. Medicines with secret formulae manufactured in India should bear a revenue stamp of four annas on each rupee of its market value. Proprietary remedies with disclosed formulae should be subject to the following restrictions :—(a) The name should reflect

the composition of the product and not its clinical use ; (b) The provisions as to advertisements and the other provisions of a general nature relating to patent medicines with secret formulæ should apply to these also ; (c) The formulæ should be exhibited on the label of the actual container—if a simple chemical substance, the scientific name and chemical formulæ ; if a mixture, details of composition.

INDIGENOUS REMEDIES

As regards medicines made from indigenous drugs the report says the crude single drugs as well as the compounded medicines used in the indigenous system of treatment should be brought under control. The introduction of a uniform curriculum for the instruction and training of indigenous practitioners should precede the exercise of any system of control. The practice of Indian medicine should be restricted to properly trained, qualified and registered practitioners.

INDIAN DRUG INDUSTRY

Recommendations For Development

The report next urges the development of drug industry in India. It says that the Universities in India should be required to give training in advanced Pharmaceutical Chemistry and institute a degree on the subject. The quality of crude drugs, both imported and grown in the country, should be strictly controlled. The import duty on manufactured drugs should be increased by five per cent. The import duty on crude drugs not available in India should be abolished or appreciably reduced. The imposition of export duty on raw materials obtainable only in India should be considered.

The Excise regulations should be modified so as to remove the hardships referred to in Chapter I of section four and they should generally be worked in a sympathetic spirit.

The question of reduction of railway freights on raw materials and indigenous drugs manufactured in India should be encouraged by the Government by the purchase of the required supplies of medical preparations, surgical dressings, chemicals etc. from Indian manufacturers as far as possible.

INDIAN PHARMACOPOEIA.

The Committee next recommends that steps should be taken to compile an Indian Pharmacopœia without delay. This work should be on the lines of the British and United States Pharmacopœias, including only drugs of known composition, of definite pharmacological action, of well-established therapeutic properties, with the toxicity fully worked out and the necessary standard of chemical and biological assay for determining the safe maximum doses.

QUININE POLICY.

Finally the report deals with Quinine policy and says that the position with regard to the utility of the alkaloids of cinchona bark other than quinine in the prophylaxis and treatment of malaria should be clearly defined. The Cinchona Department should cultivate the species of cinchona best suited to the Indian climate on a sufficiently large scale, to make India self-supporting with regard to the alkaloids and at prices commensurate with the economic condition of the Indian people. With a view to extend the cultivation of cinchona in India, experiments should be carried out in the growing of different varieties on a small scale in various areas, close connection between the field and the laboratory being maintained.—“Associated Press.”

Reviews and Notices of Books

HEALTH SPECIAL NUMBER, JANUARY 1932.

The Editors and Proprietors of 'HEALTH' the well-known Drs. U. Rama Rau and U. Krishna Rao of Madras have brought forward a Special Number of 'HEALTH' as a souvenir, on the occasion of the journal reaching its decennium on the 1st of January 1932. It contains many interesting articles on Health, Maternal, Infant and Child welfare and Diseases from the pens of experts and is illustrated. The frontispiece exhibits a dance pose in costume by Mr. E. Krishna Iyer, B.A., B.L., Advocate, Madras, representing the dance of Lord Nataraja over the joy of creation of the Universe, where land is symbolized by the mud pot and water by the plate containing it. The articles on Health, by the Chief of Aundh, the chief exponent of the Suryanamaskar exercises; by Sri Yogendra, on yoga as a means of rejuvenation; by Dr. Podolsky on singing as the best way open for the attainment of perfect health and by Mr. E. Krishna Iyer on Dancing, as an art and an aid to Health, are really illuminating and worth perusal. Dr. Ragunatha Rao's article reveals the hidden treasures of Health in our ancient Hindu scriptures while that of Professor Madhava, will interest Life Insurance Companies and their growing clientele in India. The article on 'The Supremacy of Motherhood' by Dr. (Mrs.) Anna Thomas and that on Infant feeding, by Drs. Jaharlal Das and and Saxena have put the case for the protection and preservation of mothers and infants in this unhappy land of high maternal and infantile mortality in as clear and forcible a language as possible. The article on Myopia by Dr. Raghubir Saran Agrawal and that on Tonsils by Dr. Sanjivi Rao must open the eyes of the School-going population and

their parents and teachers, as to the imminent need for rectifying these defects, which are wide-spread. On the side of diseases, Mental Disease which is the prime cause of all bodily diseases has been ably dealt with by Dr. Frank Noronha. Among the bodily diseases, the first rank is now held by Consumption, and Dr. Kesavaⁿ Pai, an expert on Tuberculosis, has written a lucid article on the subject. The last article is on Goat's Milk, Gandhiji's Principal diet, by Dr. T. S. Tirumurti. The importance of Goat's milk to young and old, the healthy and diseased, has been clearly brought home to the readers by this article. There is no doubt this Special number will serve as a valuable book of reference and every household should possess it. The journal, though nearly treble the size of the ordinary one, is valued at only double its price. Copies can be had also in Tamil, Telugu and Kanarese for the same price viz, annas four, (to non-subscribers) from the publishers, 323, Thambu Chetty Street, Madras.

Medical News and Notes.

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OBJECTIONS TO INTERPRETATION OF धमनी IN सुश्रुत, AS A CEREBROSPINAL NERVE.

(By M. V. Apte, B. Sc., M. B. B. S.)

1. The scope of Susrutian surgery is not such as to necessarily imply the knowledge of nerves.

2. There is no evidence that Susruta possessed the necessary data for establishing the *functions* of sensory, motor, and especially sympathetic nerves as at present understood and as assumed by our worthy opponents

3 The principles of Susrutian physiology as disclosed in सूत्रस्थान 14 and 21 distinctly show that the author attributed the function of subserving sensations and motions to the *blood*. It is in conformity with this that in शरीर 7 and 9 the same functions are given to सिरास and धमनीस

4. The hypothesis that the blood subserves sensations and motions is not so ridiculous as the modern शास्त्री believes. We need only turn our attention to the chemical stimuli to functional activity that the so-called hormones are believed to supply to almost every functioning unit of the body. It is proved beyond doubt that the chief stimulus that the heart-muscle receives is from certain salts of the blood ; and we have every reason to believe that a similar stimulus is given to the whole vascular system by the salts of the blood. (I should not be surprised if a half modernized शास्त्री equates the विद्योषास to these constituents of the blood.) This proves that the idea of the blood being the activator of

tissues is not *in itself* unjustifiable. On the other hand when the facts about circulation were just beginning to be realized such a hypothesis is most *natural* and perfectly *scientific*.

5 The idea that the धमनीs convey the product of digestion, the रस (as part of the blood) to the tissues is expressed in सूत्र 14 and शरीर 4. In शरीर 7 the opening sentence introduces the idea that शिराs drain the tissues.

6. The स्रोतस् denote hypothetical paths which join the abodes of gaseous, liquid and solid food to the tissues and the tissues in turn to the outlet of waste-matter. This is an indication that the vascular connection between these parts was not then minutely followed and only the bigger superficial blood-vessels were all that were actually seen. References to the mechanism of urine-formation in अम्लरोनिदान support the same view. It is there held that thousands of स्रोतस् bring urine to the bladder from the पक्वाग्रथ. In वृद्धिनिदान the hydrocele fluid is said to be urine. A similar view is found expressed in उदरनिदान. This shows that the dissections then carried out did not disclose the ureters or such other structures. The स्रोतस् are held to be joined to the धमनीs and are described along with them in शरीर 9. If धमनीs be nerves there is *no propriety* in grouping them with the स्रोतस्.

7. The reference to नाभि as the root of शिराs and धमनीs is justifiable on the ground that the whole of शरीर is written with a constant eye upon the evolution of the fetus, a reference to which is found in almost every chapter of शरीर.

8. If शिराs include sympathetic nerves, arteries, veins, and lymphatics their grouping together is *without any sense*, the more so when other nerves are separately classed as धमनीs and when venesection is styled as शिराव्यध.

9. The lack of means and paucity of information is *no discredit* to any scientific investigator. But the lack of a sense of propriety and scientific accuracy, as the contrary view implies, certainly lowers the value of any scientific work.

10. The merits of Susruta are : (i) his advocacy of surgery as a mode of treatment on the त्रिदोष basis ; (ii) his emphasis on the study of Anatomy ; and above all (iii) his *originating* a method for anatomical investigation. We cannot blame an investigator for not perfecting a method he originates. That is the duty of his followers.

THE COMPOSITION OF THE EARTH.

This earth, on whose surface we live, says Dr. L. H. Adams, of the Geophysical Laboratory of the Carnegie Institute, is made up almost entirely of four elements, iron, magnesium, silicon and oxygen, the

remaining eighty-eight elements being confined to the thin film called the crust. Directly beneath the relatively thin layer of sedimentary rocks at the surface, there is a first layer of granite ten miles thick, below that a twenty-mile layer of basaltic rock. Two thousand miles of peridotite rock, consisting of iron magnesium silicate, come next, and the central core of 4,000 miles diameter is formed of metallic iron with a little nickel.

Earthquake waves gave the clue to the secret of the earth's composition. Earthquakes of any considerable magnitude produce waves, some of which travel along the surface of the earth, while others pass through it. By measuring the acceleration and retardation of these waves on passing through the earth at various depths, it is possible to judge what sort of rocks and minerals intervene. According to its elasticity, each different kind of rock has a different effect on the speed of waves passing through it, and so the kind of strata traversed may be judged.

GERMICIDAL PROPERTIES IN SOAPS.

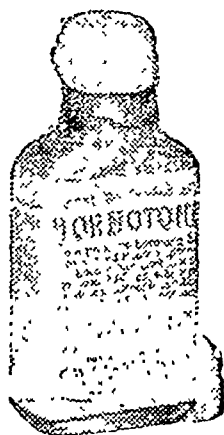
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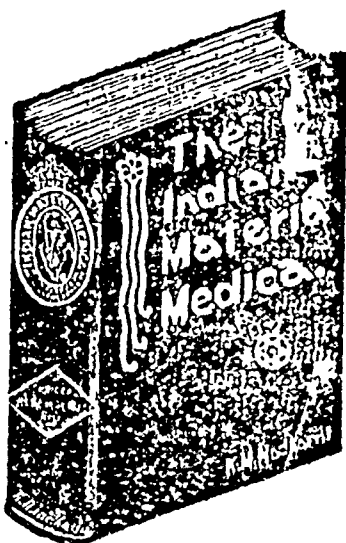
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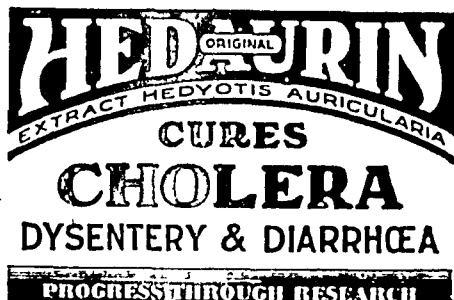
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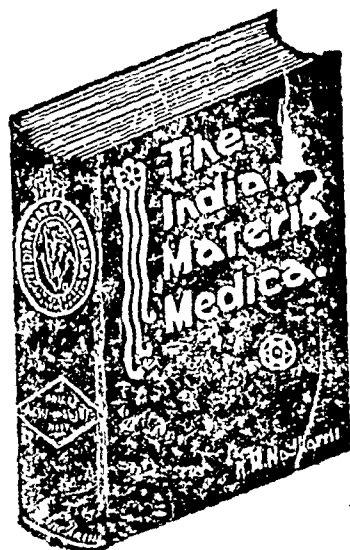
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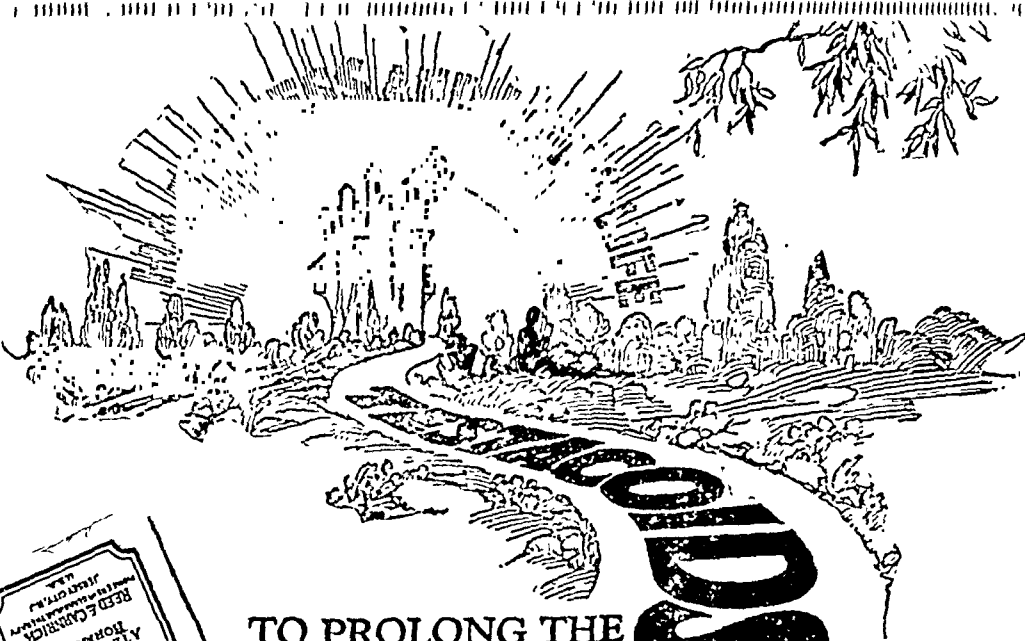
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THE JOURNAL OF AYURVEDA

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[No. 8.]

Some recent advances regarding fevers

Modern Medicine is slowly recognizing the fact that *Fever and rise of body temperature are not always Synonymous*. "Fevers", says Prof Friedr Kevacs, (Die Auzti Praxis, Oct. 15, 1930) "arises from certain disturbances in the entire metabolism, of which increase of body temperature is one of the symptoms. *There are Fevers where increase of body temperature need not even be present*, for the degree of rise of temperature depends on irritation of the system controlling heat regulation. In some people we at times observe hyperpyretic temperature without serious general Fever Symptoms (Symptoms of toxæmia etc.). In others, there are serious general fever symptoms without any rise of temperature."

Clinically therefore fevers may be of three kinds :—

- (i) In which there is rise of temperature without general fever symptoms.
- (ii) In which there are general fever symptoms without any rise of temperature. In some cases the temperature is even subnormal.
- (iii) In which besides the general fever symptoms there is rise of temperature.

There are two theories of fever :

1. *Nurogenic theory*—The fever toxin directly upsets the heat-regulating apparatus in the brain and upsetting of the body-metabolism may or may not occur.

The recent idea seems to be that *in fevers where there is no upsetting of the body-metabolism, it should be considered as physiological and not phathological*.

2. *Metabolic theory*.—The fever toxin upsets the body-metabolism and the external (fever toxin) or internal (defective metabolism toxin) toxin upsets the heat regulating apparatus. In the latter case this upsetting of the heat regulating centre is secondary.

Accordingly all pathological fevers result from primary upsetting of the body metabolism and secondarily of the heat-regulating apparatus when there is high temperature.

In the first theory the heat-regulating centres are primarily affected and there is secondary upsetting of the body metabolism.

In a previous article it has been shown how the two modern theories are being reconciled in Ayurved. When "Vayu" alone is upset the fever is ephemeral and often Physiological unless either of the two aspects of metabolism ("Pitta and Kapha") are secondarily involved when the fever is pathological. Conversely when fever is due to upsetting of metabolism ("Pitta or Kapha") primarily, unless the "Vayu" is upset, there cannot be any deviation from normal temperature. What modern medicine is attempting viz. trying to reconcile the two theories of the causation of fever, Ayurved in its *Tridosh theory* had done so long ago.

Western medicine up till now defines fever as associated with rise of temperature. It is the very recent idea that fever and rise of temperature are not synonymous, but this clinical fact is known to Ayurvedists, high and low, from very ancient times. When during the course of treatment the rise of temperature is suppressed by anti-febrile drugs but the patient does not feel well, it is common for Ayurvedists to feel the pulse and say that "*Fever is present in the Nadi*" which statement explains why the patient is not feeling well in spite of normal temperature. Homeœpaths also lay considerable stress on the fact that one should not suppress a leading symptom like the rise of temperature when the

associated symptoms of fever do not disappear with the temperature.

Some Fevers are considered physiological like Febris Nenatorum which sometimes appear in the first week of life or dynamic hyperthermia after excessive albumen feeding (which is "Pitta" and not fever says Ayurveda) or of increase of temperature in thirst after heavy work like riding long distances, staying in over-heated places etc. ("Vayu" upset only).

Lastly "Vayu-Kapha" fevers sometimes produce subnormal temperature, says Ayurved. As example may be stated the subnormal temperature of syphilis of the Liver, of latent hyper-thyriotoxicosis. "Vayu-Kapha" fevers sometimes produce irregular temperature *e.g.* associated with tumours (benign or malignant). These cases are however pathological.

All these prove the contention that Ayurved is a rich mine of clinical knowledge which the modern West can study with advantage to get new ideas, of which they have no conception at all. Conversely it proves that modern medical knowledge explains more satisfactorily many an idea of Ayurved which appear puzzling and is difficult to explain. It behoves us, therefore, of whatever school we belong to, to make a comparative study of both Ayurved and modern western medicine for the relief of suffering humanity.

A. T. R.

Original Articles

MIDWIFERY IN ANCIENT INDIA

BY

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VIII

THE WET-NURSE

If the services of a wet-nurse be required, then you should select one who is middle-aged, good natured, quiet, non-avaricious, and of medium size. She should have breasts full of milk, abundant in quantity and pure in quality; the nipples must not be hanging very low down, nor be pointing upwards. If possible she should belong to the same caste as that of the mother. She must belong to some noble family, should have her children living, and must be fond of the baby whom she is to nurse. She must be healthy in appearance, well-qualified, her upper lip must not be prominent, and she must not practise any mean work, nor be too fond of play. Such a nurse is to be engaged to promote health and strength of the child.

If the nipple be straight and point upwards, the mouth of the child becomes widened; if the nipple be pendulous, there is danger of suffocation and even death of the child, for the breast may press over the nasal orifices and the mouth of the child. Then on a propitious day, the nurse, after having bathed and cleanly dressed, is to sit facing towards the east with the child in her lap, its head pointing towards the north. She should then wash her right breast, press a little milk out, then utter the following *mantras* and suckle the baby. The *mantra* is: "O Fortunate! let the four seas supply milk constantly to your breast. O Good faced! as the Devas became long-lived by drinking the nectar, so let the child live long by sucking your breast." This is necessary, otherwise the boy may suffer from diseases, as the milk of the wet nurse is not the natural food of the baby. The first flow of the milk is to be thrown away, for, the breasts being too full of milk, a larger

quantity of milk enters into the œsophagus of the baby at once, and the baby may suffer from cough, dyspepsia and vomiting. Therefore, whenever she would suckle the baby, she must throw away the first part of her breast-milk.

She must be of cheerful mind when suckling the child, for milk is secreted inadequately if she be angry, or sorry, or unaffectionate towards the baby. She must take wholesome diet during the period of her service. She may take wheat, *sali* rice, raw-meat juice, wine, jujube, sesame paste, garlic, fish, *Kaseruka* (*Scirpus kysoo*), *Srngatala* (*Trapa bispinosa*), *Visa* (stalk of *Nelumbium speciosum*), *Vidarikanda* (root of *Ipomœa digitata*), *Madhuka* (*Bassia latifolia*), *Satavari* (*Asparagus racemosus*), *Nalika* (a sweet smelling substance), *Kalasaka* (*Corchorus capsularis*), *Alabu* (*Jagenaria vulgam*), *kalami herb* (*Ipomœa aquatica*), etc.

तत यथावर्णं धात्रीमुपेयान्मध्यमप्रमाणां मध्यमवयसमरोगां शैलवती-
मवपन्नामनोलुपामकृशासस्थूलां प्रसन्नचौरामलस्त्रीष्ठोमलस्त्रीर्द्धस्तनीम-
व्यङ्गमव्यसनिनीं जीवदत्तां दोग्ध्रीं वत्सलामक्षुद्रकर्मिणीं कुले जाता-
मतोभूयिष्ठैश्च गुणैरन्वितां श्यामामारोग्यवल्लभये वालस्य । तत्रोर्द्धस्तनौ
करालं कुर्यात् । लम्बस्तनो नासिकामुखं क्वादयित्वा मरणमापादयेत् ।
ततः प्रशस्तायां तिथौ शिरःस्नातमहतवासस सुदक्ष्णं शिशुमुपवेश्य
धात्रीं प्राङ्मुखीमुपवेश्य दक्षिणंस्तनं धीतमीषत् परिश्रुतमभिमन्त्र्य
मन्त्रेणानेन पाययेत् ।

चत्वारः सागरास्तुभ्यं स्तनयोः क्षीरवाहिणः ।

भवन्तु सुभगे नित्यं बालस्य वल्लभ्यये ॥

पयोऽमृतसं पौत्वा कूमारस्ते शुभानने ।

दोर्धमायुरवाप्रातु देवाः प्र श्यामृतं यथा ॥

अतोऽन्यथा नानास्तन्योपयोगस्यास्यात्प्राज्ञाधिजन्य भवति ।
अपरिश्रुतेऽप्यतिस्ताध्वस्तन्यपूर्णस्तनपानादुत्सृष्टितस्तोतसः शिशोः
काशश्वासवमीप्रादुर्भावः । तस्मादेवं विधानं स्तन्यं न पाययेत् ।

स्रोधशोकावात्सल्यादिभिश्च स्त्रियाः स्तन्यनागेभवति । अथास्याः
क्षीरजननार्थं सौमनस्यमुत्पाद्य यवगाधूमशालिषट्ठिकमांसरससुरासौ-
वीरकपिण्या कलशुनमत्स्यकशेरुकशृङ्गाटकविसविदारिकन्दमधुकशतावरीन-
लिकालावृकालशाकप्रभृतिनि विदध्यात् ।

Suckling is contraindicated if she be hungry, sad, tired, unwell, indisposed, pregnant, very weak, too fat, or attacked with fever; also after meal of profuse acid foods and unwholesome dietary. Indigestion in the baby should be carefully guarded against, and if it occurs, medicines should be given to the child, for slight indigestion may set up severe form of diarrhoea.

If by heavy meal or bad food, any *dosa* becomes eccentric in the nurse's system, her milk suffers from the same cause. The milk in her breast becomes polluted by bad food, improper habit or by the eccentricity of any of the *dosas* in her body. The child fed on such a milk becomes sick. An experienced physician must bear this fact in mind.

नच क्षुधित शोकार्त्तश्चान्तप्रदुष्टधातुगर्भिणी ज्वरितातिक्षीणातिस्थूल-
विदग्धभक्ष्यविरुद्धाहारतर्पितायाः स्तन्यं पाययेन्नाजीर्णोपधञ्च बालं
दोषोपधमलानां तौत्रवेगोत्पत्तिभयात् ।

भवन्ति चात्र ।

धात्रास्तु गुरुभिर्भोज्यैर्द्विषमैर्दोषैस्तथा ।

दोषा देहे प्रकुप्यन्ति ततः स्तन्यं प्रदुष्यति ॥

मिथ्याहारविहारिण्या दुष्टा वातादयः स्त्रियाः ।

दूषयन्ति पयसे न शरीरा व्याधयः मिश्राः ॥

Susruta Samhita, IV. 3.

In the *Mahavyutpatti*, a Sanskrit-Tibetan-English Vocabulary by A. Csoma de Koros, Edited by Ross and Vidyabhusana, Pub. by the Asiatic Society of Bengal. Vol. IV. No. 1, Part I. p. 79, we find the names of four kinds of nurses.—

1. Ankadhatri. —A nurse that holds and carries a child in her bosom.
2. Ksiradhatri. —A nurse that suckles the child.
3. Maladhatri. —A nurse that cleanses the child.
4. Krdanikadhatri.—A nurse that playas with the child.

In the *Mrechakatika*, we find an example of the fourth kind of nurse, who was trying to soothe the son of Carndatta with a clay cart as the boy was pressing for his gold cart which he had before, when Basantaseua, the heroine of the play, appeared on the scene suddenly. When Lord Krsna went to forest in search of the Syamantaka diamond, he entered the cave of King Jamvovana, and there he found a nurse playing with the son of Jamvovana with the Syamantaka diamond, which he recovered after killing his father.

Jasoda acted as the Ksiradhatri to Srikr̥ṣṇa as his own mother Devaki was in prison. A nurse for suckling the child is generally required when the mother of the child dies after its delivery or when she is incapable of suckling the child herself. Raka, Sinivali, Gangu, Sarasvati were midwives and they were known as Dhatri. The method of suckling the child is an art which is unknown to many mothers. The ancient and the ideal method is found in the "Mother and the Child engravings" so commonly found in India; the *Sadyajata* form of Śiva suckles the breast of Parvati, as narrated in the *Linga Purana*. A maladhatri is a maid servant who keeps the body of the child clean. The way of holding and carrying a child is the work of the Anka dhatri.

The Child-Life.—

In the *Av.* vi. 140, the cutting of the teeth of the child is described as a solemn occasion. The two upper teeth of the child appear first; and in the *Kaus. Br.* 46, 43-46, they are advised to be taught to bite rice, barley bean, sesame; and both the child and its parents are made to eat of the grains after they have been boiled in consecrated water.

The child learns to speak by the end of the first year of life (*Taitt. Sam.* vi. 1, 6, 7; *Sp.* vi. 4, 2, 38; xi. 1, 6, 3-5), the first words of a child's speech being generally the word "Tata" (*Ait. Aran.* i. 3, 3).

A child tries to stand up at the end of a year (*Sp.* xi. 1, 6, 5.).

The child lives upon the mother's milk. In *Sp.* 5. 15-6 we read "Whenever the breasts of women and the udder of cattle swell, then whatever is born is born; and by restoring to the breasts of those who have milk, they continue to exist. And those who have no milk are nursed by the former as soon as they are born." Thus the services of a wet-nurse were required when mother's milk was scanty. Later on the child is fed with food; and the child grows vigorous by means of food" (*Sp.* ii. 2, 1, 11-12).

The behaviour of the child often discloses the nature of the child's ailment. If the disease be of the trunk and limbs, then the child becomes thirsty, and evinces signs of pain when handled by the nurse. If the disease be of the head, then the child fails to keep the head erect in its natural position. If the bladder be the seat of disease, the child would suffer from retention of urine, thirst and convulsion. If the digestive system be at fault, the child would suffer from constipation, retention of urine, flatulence,

borborygmi and change of colour of the body. If it be a constitutional disease from which the child suffers, the child simply cries constantly.

भवन्ति कुश नास्तांश्च भिषक् सम्यग्बभावेत् ।

अङ्गप्रत्यङ्गदेगितु रुजा यत्रास्य जायते ॥

मुहूर्त्तुः सृगति तं सृश्यमाने च रोदिति ।

निर्मोलिताच्चा मूर्द्धस्थे गिरारोगे न धारयेत् ॥

वस्तिस्थे मूत्रसङ्घातो रुजा त्वपरति मूर्च्छति ।

विण्म त्रपङ्गवैवर्ण्यच्छर्द्याधानान्तकूजनैः ॥

कीष्ठे दोषान् विजानीयात् सर्व्ववस्थांश्च रोदनैः ॥

Susruta Samhita, IV. x.

Tests of milk.—If the milk retains its white colour like thin, pure *sankha* or conch-shell when thrown on water, if it be adherent, if it does not lather, or if it be like thread, if it neither floats above nor dips completely down in the the water, it is said to be pure milk. Such milk helps the growth and increases the strength of the child.

अथस्याः स्तन्यमपसु परित्त तच्चेच्छीतलममलं तनु शङ्कावभा-
समपसु न्यस्तमेकीभावं गच्छत्यफेनिलमतनुमन्नोत्प्लवते न सीदति वा
तच्छुद्धमिति विद्यात्तेन कुमारस्यारोग्यं शरीरोपचयो बलवृद्धिश्च भवति ।

Susruta Samhita, IV. x.

THE CHILD.

After the expulsion of the placenta, the child is to be taken care of. It is recommended to rub and strike two pieces of stone near the child's ears, and to sprinkle cold and hot water alternately over the face of the child.

Such procedures often help to resuscitate the child when it faints due to the troubles of labour pain, and life of the baby returns, as it were to the apparently dead body. The child is to be slowly fanned with a fan of *kasa* gras, but you should be careful not to suffocate the child by blowing the fan forcibly. Besides these methods, other means must be tried to animate the child. Then when you find the baby all right, you should administer a bath in water, and the natural outlets of the child are to be cleaned. The nurse is recommended to pare the nail of her index finger short, and to have the finger well-covered with cotton and then she

is to wipe out with it the palate, lips and the throat of the child. The anterior fontanelle is to be covered with cotton. You must prescribe salt and ghee to the baby so that it may vomit ; but as a rule emetics are contra-indicated in the case of children and pregnant women, unless urgently required.

तस्यास्त्वपरायाः प्रपतनार्थं खल्वेवमेव कर्मणि क्रियमाणे जातमात्रस्यैव कुमारस्य कार्याख्येतानि कर्माणि भवन्ति । तद्यथा । अश्विनोः संधटनं कर्णयोर्मूले । शीतोदकेनोष्णदकेन वा मुखपरिषेकः । तथा स क्लेशविहतान् प्राणान् पुनर्लभेत । कृष्णकपालिकासूपेण चैनमभिनिष्पुनीयुः । यद्यच्चेष्टं स्यद् यावत् प्राणानां प्रत्यागमनं तत्तत् सर्वमेव कार्यम् ।

ततः प्रत्यागतप्राणं प्रकृतिभूतमभिसमीक्षां स्नानोदकग्रहणाभ्यामुप-
पादयेत् । अथास्य तात्त्वोष्ठकण्ठजिह्वाभार्जनमारभेत।ङ्गुल्या सुपरिक्षिप्त-
नक्ष्त्रा सुप्रक्षालितोपधानकार्पासपित्तुमत्या । प्रथमं प्रक्षालितस्यस्य
चास्य शिरस्तालु कार्पासिकपित्तुना स्नेहगर्भेन प्रतिसंकादयेत् ।
ततोऽस्यानन्तरं कार्यं सैन्धवोपहितेन सर्पिषा प्रच्छर्दनम् ॥

Caraka Samhita. IV. viii.

- Then the navel cord is to be cut by means of a sharp knife of gold, or silver, or iron.

If signs of decomposition set in the cut surface of the cord, you should apply oil boiled with *Lodhia* (*Symplocos racemosa*), glycerirrhiza, *Priyangu* (*Aglaia Roxburghiana*), *Daruharidra* (*Berberis Asiatica*) paste on the raw surface ; or you may use the powder of these drugs mixed with oil on the navel. If the cord is not properly cut, the following complications may occur : (1) *Ayama* (long) (2) *Vrayama* (wide) (3) *Uttundita* (Elevated) (4) *Pindalika* (tumour-like) (5) *Vinamika* (margins raised and centre depressed) (6) *Vijrmbhika* (repeated enlargement) of the navel occurs. These complications may be mild or severe in their course. Prescribe medicines to cure *Vayu* and *Pitta* by rubbing oil and ghee, sprinkling medicines, and purifying the body.

ततः कल्पनं नाद्याः । अतस्तस्याः कल्पनविधिसुपवेक्ष्यामः । नाभिवन्धनात् प्रभृति हित्वाष्टाङ्गुलमभिज्ञानं कृत्वा च्छेदनावकाशस्य द्वयोरन्तरयोः शनैश्छेत्वा तीक्ष्णेन रीक्षराजतायसानां छेदनामन्यतमो-
र्ध्वं धत्तरेण छेदयेत् । तामग्रे सूत्रेणोपनिबध्य कण्ठे चास्य शिथिलम-

सृजेत् । तस्य चेन्नाभिः पच्येत तां लोध्रमधुकप्रियङ्गुदारुहरिद्रा-
कल्कसिद्धेन तैलेनाभ्यज्यात् एषामिव तैलौषधानां चूर्णेनावचूर्णयेत् ।
इति नाडी कल्पनविधिरुक्तः सम्यक् ॥

असम्यकल्पने हि नाद्या आयामव्यायामोत्तुण्डितापिण्डलिका-
विनामिकाविटृश्लिकावाधेभ्यो भयम् ॥

तत्राविदादिभिर्वातपित्तप्रशमनैरभ्यङ्गात्सादनपरिपेकैः सर्पिर्भिश्चो-
पक्रमेत गुरुलाघवमभिसमोक्ष्य कुमारस्य ॥

Caraka Samhita, IV. viii.

Before this, the ceremony of *Jatakarma* is to be performed. Then let the child suck honey and fresh ghee which have been purified by the *mantras*. The child is allowed to be suckled from the right breast of the mother. A vessel full of water should be kept near the head of the child.

अतोऽनन्तरम् जातकर्म्म कुमारस्य कार्यम् ॥ ततो मधुसर्पिषीमन्त्रो-
पमन्त्रिते यथाम्नायं प्राशितुमस्मै दद्यात् । स्तनमत ऊर्ध्वमनैव विधिना
दक्षिणं पातुं पुरस्तात् प्रयच्छेत् ॥ अघातः शीर्षतः स्थापयेदुदकुम्भं
मन्त्रोपमन्त्रितं ॥

Caraka Samhita, IV. viii.

The character of the offspring and the hereditary diseases depend upon the health, habit and the diseases of the parents :—

Parents.

Child.

- | | |
|--|---|
| 1. Habit of lying flat, with hands and legs asunder and walking during the night | Insannity. |
| 2. Quarrelsome ... | Epilepsy. |
| 3. Addicted to excessive venery ... | Deformed, shameless, hen-pecked |
| 4. Sorrowful ... | Fearful, weak, short-lived. |
| 5. Avaricious ... | Envious, hen-pecked, troublesome. |
| 6. Thief ... | Laborious, lazy, quarrelsome, wicked. |
| 7. Angry ... | Wicked, envious. |
| 8. Sleepy ... | Sleepy, foolish, with weak digestive power. |
| 9. Drunkard ... | Thirsty, memory impaired, mind unsettled. |

Parents.

Child,

10. Lover of Iguana flesh ...	Diabetic, calculi and urinary diseases.
11. „ of Boar-flesh ...	Red-eyed, coarse-haired, weak, short breath, snoring.
12. Fish and meat-eater ...	Staring eyes, closes eye-lids at long intervals.
13. Lover of sweet food ...	Urinary diseases, dumbness, obesity.
14. „ acid „ ...	<i>Raktapitta</i> , skin diseases and eye diseases.
15. „ salt „ ...	Contracted skin, grey hairs, baldness.
16. „ pungent „ ...	Sterility, weak scanty semen.
17. „ bitter „ ...	Thinly built, consumptive.
18. „ astringent „ ...	Dark complexion, retention of discharges such as urine and faeces.

विब्रतशायिनी नक्तञ्चारिणी चोष्मत्तं जनयति । अपस्मारिणं पुनः कनिकलहशोला व्यायशला दुर्वपुषमङ्गीकं स्त्रेणं वा । शकनित्या भौतमपचितमल्प युषं वा ॥

अभिधायिणी परोपतापिनमौषुर्गं स्त्रेणं वा । स्त्रेणा त्वायासवहुल-मतिद्रोहिणमकर्मशोलां वा । अमर्षिणी चण्डमौषधिकमसूयकं वा । स्वप्नित्या तन्द्रालुमबुधमल्पग्निं वा । मद्यनित्या पिपासालुमल्पस्मृतिमन-वस्थितचित्तं वा । गोधामांसप्राया शर्करिणमश्मरिणं शनैर्मेहिणं वा । यराहमांसप्राया रक्ताक्षं क्रथनमतिपरुषरोमाणं वा । मत्स्यमांसनित्या चिरनिमिषं स्तब्धक्षं वा । मधुरनित्या प्रमेहिणं सूक्ष्मतिष्ठूलं वा । अस्तनित्या रक्तपित्तिनं त्वगक्षिरोगिणं वा । लवणनित्या शोघ्रवल्लीपलितं खालित्यरोगिणं वा । कटुकनित्या दुर्बलमल्पशुक्रमनपत्यं वा । तिक्तनित्या शोषिणमवलमनुपचितं वा । कषायनित्या श्यावमानाङ्गिनमुदावर्तिनं वा । यद्यच्च यस्य यस्य व्याधिर्निदानमुक्तं तत् तदासेवमानान्तर्बन्ती तन्निमित्तविकारवहुलमेवापत्यं जनयति ॥ पित्तमासु शुक्रदोषा मातृजैरपचारैर्व्याख्याताः ॥ इति गर्भोपघातकरा भावा व्याख्याताः ॥

After the ceremony of naming the child is over, the signs of long life are to be observed in the child. These signs are as follows :—

Hairs.—Soft, thin, separate, scanty, smooth, black and strong,
i. e. rooted firmly.

Skin.—Firm and thick.

Head.—Normally shaped but a little bigger, agreeable, and shaped like an umbrella.

Forehead.—Broad, strong, smooth, well-adapted joinings at the temples, half-moon shaped.

Ears.—Thick, the posterior surface plain and large, well-joined lobules, and large external auditory meatus.

Eyebrows.—Slightly elongated, well-joined, equal in size, large and united.

Eyes.—Equal, good power of vision, symmetrical, powerful, glaring, and normal in structure.

Nose.—Straight, long, long respiration, long bridge, end slightly bent or curved.

Mouth.—Large, well-formed mouth with a set of good teeth.

Tongue.—Long and broad, smooth, thin, normal and coloured pale red.

Palate.—Smooth, well-nourished, hot and red.

Voice.—High and loud, grave, not sorrowful, mild or sweet, calm and echoing.

Lips.—Neither very thick, nor very thin, wide, cover of the mouth, and red coloured.

Teeth.—Straight, well-set.

Jaws.—Large.

Neck.—Not very large or medium size.

Chest.—broad and well-formed.

Clavicles.—Deep set.

Spinal column.—Deep-set.

Inter-mammary region.—Broad.

Sides of the body.—Conform to the shoulders and are strong and firm.

Arms, buttocks, fingers.—Round, full, and long.

Hands, Feet.—Large, well-nourished.

Nails.—Strong, round, cold, copper-coloured, raised, and convex like the back bone of the tortoise.

Navel.—It has a whirl on the right side, margin raised, centre depressed.

Waist.—About the measure of the fourth part of the space between navel and chest, full, and well-nourished.

Buttocks—Round, firm, fleshy, neither too much raised, nor too much depressed.

Thigh.—Round, well-nourished.

Legs.—Neither too strong, nor too weak, like the legs of a deer.

Heel.—Neither round nor thin.

Feet.—Well-built and shaped like the carapace of the tortoise.

Besides these, urination, defaecation, expulsion of flatus, sleep, walking, conduct, laugh, crying, suckling should be natural. What is not mentioned here, should be natural and normal. If otherwise, the result may be injurious. Thus the signs of a long life are told.

कृते च नामकर्मणि कुमारं परीक्षितुमुपक्रमेतायुष प्रमाणज्ञानहेतोः ।
तत्रेमान्ययुषतां कुमाराणां लक्षणानि भवन्ति । तद्यथा । एकैकजा
मृदवोऽत्याः स्निग्धाः सवल्लमूलाः कण्ठाः केशाः प्रगस्यन्ते । स्थिरा बहला
त्वक् । प्रकृत्याकृतिसुसम्पन्नमौषधप्रमाणातिरिक्तमनुरूपमातपत्रोपमं शिरः ।
व्यूढं दृढं समं सुस्निग्धगङ्गसंध्युर्ध्वव्यञ्जनसंपन्नमुपचितं
वलिभमर्धचन्द्राकृति ललाटं । बहली विपुलसमपीठौ समौ नौचैर्वृद्धौ
पृष्ठतोऽवनतौ सुस्निग्धकर्णपुत्रकौ महाच्छिद्रौ कर्णौ । इषत्प्रलम्बिन्याव-
संगते समे संहते महत्यौ भ्रुवौ । समे समाहितदर्शने व्यक्तभागविभागे
वल्लवती तेजसोपपन्ने खड्गापाङ्गे चक्षुषौ । ऋज्वी महोच्छ्वासा
वंशसंपन्नेष्वदनताया नासिका । महद्दृजुसुनिविष्टदन्तमास्यम् ।
आयामविस्तारोपपन्ना श्लक्ष्णा तन्वी प्रकृतियुक्ता पाटलवर्णा जिह्वा । श्लक्ष्णं
युक्तोपचयमुष्णोपपन्नं रक्तं तालु । महानदीनः स्निग्धोऽनुनादी गम्भीर-
समुद्यो धीरः स्वरः । नातिस्थूलो नातिकृशो विस्तारोपपन्नावास्थ-
प्रच्छादनौ रक्तावोष्ठौ । महत्यो जनु । वृत्ता नातिमहती ग्रीवा ।
व्यूढमुपचितमुरः । गुढं जलु । पृष्ठवंशश्च । विप्रकष्टान्तरी स्तनौ ।
असंपातिनौ स्थिरे पाङ्गे । वृत्तपरिपूर्णयती बाहू । सक्थिनी ।
अङ्गुलयश्च । महदुपचितं पाणिपादं । स्थिरा वृत्ताः स्निग्धास्ताम्रासुङ्गा
कुर्माकाराः करजाः । प्रदक्षिणावर्ता सोत्सङ्गा च नाभिः । उरस्त्रिभागहीना
समा समुपचितमांसा कटी । वृत्तौ स्थिरोपचितमांसी नात्युन्नतौ नात्यवनतौ
स्फिचौ । अनुपूर्वं वृत्तावुपचययुक्तावुक् । नात्युपचिते न त्यपचिते एणोपदे

प्रगूढमिगस्थिमधी जङ्घे । नात्युपचितौ नात्युपचितौ गुन्फौ ।
 पूर्णपट्टिगुणौ पादौ कुर्माकारौ । प्रकृतियुक्तानि वातमूत्रपुण्यगुह्यानि ।
 तथा स्वप्नजागरणायासस्मितरुदितस्तनग्रहणानि । यच्च किञ्चिदन्यदनुक्त-
 मस्ति तदपि सर्वं प्रकृतिसंपन्नमिष्टम् । विपरीतं पुनरनिष्टं ॥ इति
 दीर्घायुर्लक्षणानि ॥

Caraka Samhita. IV. viii.

The child is to be well-covered with silk clothes and should sleep in a silk bedding. It should be fanned by the branches of *Pilu* (*Salvadora Persica*), *Vadari* (*Zizyphus jujuba*) and *Nimba* (*Melia azadirachta*) and *Parusaka* (*Grewia asiatica*), and put a piece of cloth or cotton well-soaked in oil over the child's head. Tie protective amulets on the child's hands, legs, head and neck, and spread a few grains of sesame, linseed and mustard over the bed. Keep a burning furnace in the room and observe the rules of a patient suffering from wound.

अथ बालं क्षीमपरिवृतं क्षीमःस्त्रास्तृतायां शय्यायां शययेत् ।
 पौलुवदरीनिस्वपरुषकशाखाभिश्चैनं वीजयेत् । मूर्द्ध्नि चास्याहरऽस्तौ-
 लपिचुमवधारयेत् । धूपश्चैनं रक्षोघ्निर्धूपैः । रक्षोघ्नां चास्य
 पाणिपादशिरोग्रोवास्त्रवसृजेत् तिलातसीमर्षपकणांश्चात्र प्रकिरेत् ।
 अधिष्ठानं चाग्निं प्रज्वालयेत् । त्रणितोपासनोपचावेक्षेत ।

Susruta Samhita IV. x.

On the *tenth* day, after offering words of good will, the patient may fix any name for the child, according to their own will, or after some star of its nativity.

ततोदशमेऽहनि मातापितरौ कृतमङ्गलकौतुकी स्वस्तिवाचनं कृत्वा
 नाम कुर्यातां यदभिप्रेतं नक्षत्रनाम वा ॥

The Child's toys—A variety of toys to please the child should be at hand. These should be light, beautiful, and musical, and must not be sharp pointed or otherwise, for it may be pushed inside the mouth of the child and may cause death of the baby. These should not cause fear by their unnatural shape or sound. On no account should a child be terrified. If the baby refuses food or cries, or disobeys orders, the practice of terrifying the child by the narration of stories of Rakhasa, Pisacas, ghosts and other super-natural beings be deprecated.

क्रीडनकानि खलु कुमारस्य विचित्राणि घोषवन्ति चाभिरामाणि चागुरुणि चातीक्ष्णाग्राणि चानास्यप्रवेशौनि चाप्राणहराणि चावित्रासनानि स्युः । न ह्यस्य वित्रासनं साधु । तस्मात् तस्मिन् रुदत्यभुञ्जाने वान्यत्र विधेयतामगच्छति राक्षसपिशाचपूतनाद्यानां नामान्यद्वयता कुमारस्य वित्रासनार्थं नामग्रहणं न कार्यं स्यात् ॥

Caraka Samhita, IV. viii.

The proper age of marriage — When the boy reaches the age for learning, he should be educated according as he is a Brahmana, or Ksatriya, or Vaisya, or a Sudra. At the age of 25 years, the boy should be married to a girl of 12 years, for then only will the offspring resemble the father in religion, worldly acquirements and martial activity. If a girl aged below 16 years becomes pregnant, her husband being less than 25 years of age, then the foetus dies in uterus. If it is delivered alive, it becomes short-lived ; and if it lives long, he becomes weak bodily and mentally. Therefore you should be careful not to allow young girls to conceive, nor should you allow the old women, sick women suffering from chronic diseases, or women who are placed in similar abnormal conditions to conceive. The man should in similar circumstances refrain from procreating children.

शक्तिमन्तञ्चैनं ज्ञात्वा यथावर्णं विद्यां ग्राहयेत् । अथास्मै पञ्चविंशतिवर्षाय द्वादशवर्षां पत्निमावहेत् पितृधर्मार्थं कामप्रजाः प्राप्स्यतीति ।

उनघोडशवर्षायामप्राप्तः पञ्चविंशतिम् ।

यद्याधत्ते पुमान् गर्भं कुक्षिस्थः स विपद्यते ॥

जातो वा न चिरं जीवेज्जीवेद्वा दुर्बलेन्द्रियः ।

तस्मादत्यन्तवालायां गर्भाधानं न कारयेत् ॥

अतिवृद्धायां दीर्यरोगिण्यामन्येन वा विकारेनोपसृष्टायां गर्भाधानं नैव कुर्वीति । पुरुषस्याप्येवंविधस्य त एव दोषाः सम्भवन्ति ।

Susruta Samhita IV. x.

(To be continued).

DRUGS OF ANIMAL ORIGIN, ANCIENT
AND MODERN

BY

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There is no doubt that during the dawn of human civilization a far larger number of animal substances were used as remedies for human ailments than at present. This is seen in the indigenous systems of medicine of many countries. There are not a few animal drugs in Ayurveda or Hindu Medicine although some of them fell into disuse at a later time. But perhaps the people who use the largest number of animal substances as drugs are the Chinese. The European medicos of the middle ages advocated the use of a number of animal substances some of which are to be found in the modern British and Continental pharmacopoeias.

One of the lowest class of animals that have contributed to the healing of human diseases is *Annulosa* comprising the worms and insects. The employment of leeches for taking out blood is very ancient. Formerly the Chinese were in the habit of using earth-worms with honey for gastritis and juicy centipedes for children's diseases. Among the insect products honey and wax have been used in preparing or administering medicines from time immemorial. Special kinds of honey *e.g.*, Lotus honey of Kashmir and Orange honey of Sylhet and Khassia Hills enjoy good reputation as specific in certain kinds of eye-diseases. The blistering flies of the genera *Mylabris* and *Cantharis*, which are crop-pests in certain parts of India, possess important medicinal properties. One of their uses being as stimulant for the growth of hair. The well-known colour, carmine, that imparts such beautiful red tint to pharmaceutical preparations is obtained from the pregnant females of the Cochineal insect. The troublesome domestic pest, cockroach, is recognised in some systems of medicine as a valuable remedy in Asthma. In the drugmarket there are occasional demands for dried cockroaches. Spiders' cobweb is still considered by medical men as one of the most effective agents for stopping bleeding. The vicious red ant that

inhabitant certain trees is one of the sources of formic acid although this irritant substance is now prepared commercially by a synthetic process.

Fish oil has been used in medicine from time immemorial both internally and externally. Cod Liver oil is the best known among such oils. There are however other fish oils which are therapeutically as efficacious as cod liver oil. In Australia a small fish (*Theichthys pacificus*) is utilised for this purpose. In India too the oil derived from shark liver was used in the place of cod liver oil when the latter was not so common in the market. Many kinds of fish yield gelatine which is so much used in coating pills. The amphibians, toad and frog, have also their use in medicine. The active principle, phnyin, is obtained from the glandular secretion and dried skin of toad and is similar to digitalin in its effects; while an extract of frog has long enjoyed the reputation of being a remedy for insanity. It is interesting to note that in ancient Egypt at king Tut's time fashionable people paid large sums to the priests for a beauty-preparation which consisted of equal parts of portions of crocodile, snake, cat, ibex, hippopotamus and horse. The venoms of the rattle-snake and cobra are used medicinally in America and India respectively, especially in epilepsy and certain kinds of fevers with severe brain-complaints. Speaking of epilepsy it was considered to be a mysterious disease and remedies for it were equally queer. For instance, a 10th century cure for this affliction was an oil made of hard-boiled eggs mixed with the oil extracted from the skull of an unburied man. Live lizards are sometimes seen in country drug-shop. In the Unani systems of medicine both lizards and tortoises are employed in the treatment of diseases.

Among the birds none has perhaps contributed more to the diet and medicine of the human race than the humble hen. We get albumen and lecithin from the eggs, the former of which has also commercial uses. The dried and powdered gizzards of the fowl aid digestion just like pepsin and is much used in China in the treatment of chronic gastric disorders. In Hindu medicine meat of various birds has been directed to be taken in particular diseases. Peacock's fat is said to be very efficacious in rheumatism and paralysis. There is a common belief among the Indians that sparrow's meat is a cure for impotency. In the preparations of medicated wines the flesh of some birds is added to the mash to be distilled by both Hakims and Kavirajes.

Man is better acquainted with the mammals than any other class of animals. A few quadrupeds have been his companions from the very earliest times. Naturally some of his medicines have been derived from the domestic animals. The most useful of such animals is, of course, the cow ; it not only gives milk on which almost everybody has to depend in his infancy, but also yields a number of other products *e. g.*, rennet, small-pox vaccines, tuberculin, beef-extract, parathyroids etc.

We need not mention here the large variety of products derived from milk which are both medicinally and industrially used. The ox gives pancreatine and ox-gall. The pig is only next in importance to the cow ; lard is used for both medicinal and culinary purposes, while pepsin is one of the most important medicines of the pharmacopoeia. The ovarian substances employed in the treatment of female diseases are also derived from the pig. The wool-fat which enters into the composition of some kinds of medicinal ointments is obtained from the wool of the sheep. Many of the bacteriological products are prepared by culture of the disease germs in horse-blood. Anti-venene, the snake-bite cure, is also contributed by the horse which is immunised against the action of cobra-venom by injection of gradually increasing doses of the poison. Important perfumes which also possess medicinal properties are yielded by certain mammals, the most ancient and highly prized of such scents being the musk. The well-known scents, civet and castor, are of animal origin. Civet was at one time reared in special farms in South India ; at present it is mostly collected in Arabia and the neighbouring countries. The higher mammals whale, porpoise, dugong and seal, also yield valuable oils considered to possess healing virtues. Ambergris is a very valuable perfume which occurs in sperm whales and is considered to be a growth caused by the beak of cuttle fish, the natural food of the whale. Sometimes a whale is secured which brings a fortune, as the one recently killed by Captain Ingbrightsen, containing ambergris weighing over a hundred weight, an ounce of which is worth about £20. Jungle people have in general a great faith in the restorative powers of the bear's and tiger's fat in some kinds of obstinate diseases of the joints and muscles.

Last of all we come to the monkeys which, since the successful experiments of Voronoff in transplanting their glands on human beings, for rejuvenation, have acquired a great medico-commercial

importance. Under the auspices of the Paris Pasteur Institute a monkey-farm has been started in West Africa, for the purposes of general experimentation with drugs ; of testing and preparing various serums and anti-toxins and above all of obtaining those glands which will give a new lease of life to man. Following on the foot-steps of the great French Institution a wealthy and enterprising American lady, Mme Helena Rubinstein, has established a similar farm in a jungle island in the Atlantic Ocean, off Madeira, with a view to supply the glandular products of the higher anthropoid apes to the trade.

A PEEP INTO HINDU MEDICINE

Continued.

BY

ASHUTOSH ROY, L. M. S.

Hazaribagh.

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SECTION VI—AYURVEDIC PATHOLOGY.

We have already stated that every branch of Ayurvedic medicine is based on the "Tridosh theory" and its pathology is no exception to this rule. Ayurved says that when the three doshes, "Vayu Pitta and Kapha" are acting in equilibrium and harmony, the state of the body then constitutes *Health* ; but when this delicate equilibrium of the body is upset by disharmonious action of the three "doshes", disease is produced.

The so-called equilibrium of Health really varies within narrow limits, and is known as the "acid-alkali equilibrium" of the body etc, the component parts in modern Bio-chemistry. In fact one aspect of the doshes—"Pitta and Kapha",—corresponds to the acid and alkali of the body. As the acid-alkali ratio or "Pitta-Kapha" equilibrium is regulated by "Vayu" (Nervous agency), the "Tridosh theory" includes the modern theory of the Bio-chemists, but the complete theory resembles very closely the modern theory of Sympathetic-Endocrinology as discussed in my book, "Pulse in Ayurved."

Taking the organic cell as unit of the body, while physiologically the centripetal force which carries food-material to it is

constructive, the centrifugal force which carries away waste products of metabolism from the cell is preservative as well as destructive (from the broad point of view of subtraction from the bulk of the cell-matter), pathologically the process is reversed for the centri-petal force carries the agent of disease from the periphery (outside or inside the body as the case may be) and is thus, destructive, while the centrifugal force which carries away the agent and products of disease-process is preservative and constructive indirectly.

According to Ayurved "disease first affects the "Purush" (Inner man or centre of the cell) and spreads to periphery (different parts of the body, the manifestations of "Prakriti"). This centripetal flow of disease is part of the Universal Law. The shock is first felt at the centre of vitality when malaise is felt." This, says Dr. Gossain, (Vhisagrathna's Susrut) is also Hahnemann's theory viz. that "it is when the self-acting vital force is deranged by dynamic influence of a morbid agent inimical to life that disease occurs." This self-acting vital force in the human organism or micro-cosmic force has naturally limited manifestation within the human body. Ayurved has divided this vital micro-cosmic force into three forces, conjointly known as "Tridoḥ" viz. the forces of construction (Kapha or Anabolic Endocrine force), the force of destruction (pitta or Katabolic Endocrine force), the force of regulation (vayu, keeping the first two opposite yet complementary forces in equilibrium and harmony).

We know that man is more or less a bundle of Nerves (the master-tissue of the body) in a world (our environments, both outside and inside us) which is continually bombarding us with their impulses. Every cell of the body is therefore being continually acted on and is reacting to every impulse arising from the world outside as well as within us (originating inside our body). Thus external as well as internal agents are continually acting on us and may affect us in various ways. Ordinarily we absorb those influences which are healthy and helpful to us, while we repel those which are useless, harmful and dangerous. In health sufficient protection is afforded by the action of "Tridhatu" (the three tissue and glandular systems, viz. "Vayu dhatu" or the Nervous System, the "Pitta-dhatu" or the Katabolic group of Endocrine glands and the "Kapha-dhatu" or the anabolic group of Endocrine glands) acting harmoniously. In disease, it is otherwise.

As soon as the morbid agents of disease force an entry and lodge in any part of the human organism, the news is instantly transmitted by the "Vayu dhatu" (Nervous tissue) to the "Purush" (Inner man, centre) which in turn sends appropriate orders to the "Pitta or Kapha" group of Endocrines as the case may be, to act and repel the morbid agents either by Katabolizing or destroying them or by anabolizing (or engulfing them with the aid of Leucocytes as we now know) them. If these succeed in doing so successfully, the disease is aborted ; if otherwise and the disease gets the mastery over the defensive agents of the body, it effects the three "dhatus" singly or in combination, upsetting the harmonious actions of the three "doshes."

When, therefore, disease gets the upper hand, the first effect is felt by the three "dhatus" singly or jointly. This is true of all *acute diseases*. Hence a disease according to Ayurved may be caused by derangement of any one of the three "doshes" resulting in a "Vayu", a Pitta or a "Kapha" disease or by derangement of any two of the three "doshes" resulting in a "Vayu-pitta", a "Vayu-Kapha" or a "Kapha-pitta" disease or by derangement of all the three "doshes" together resulting in a "Sannipatik" disease. The derangement of "doshes" may either be of the nature of excitation or depression as the case may be. Accordingly we have seven different kinds of acute diseases of any kind according to particular "dosh" or "doshes."

When "Vayu" is excited or depressed we find the various symptoms associated with excitation or depression of any part of the Nervous System or the entire system. Ayurved describes 5 kinds of principal "Vayus" situated in the five anatomical regions into which the human body is divided viz. Head, neck, chest, upper and lower abdomen.

When "pitta" is excited it results in increased blood supply of a part resulting in pathological inflammations associated with disease. When it is associated with excited "Vayu", there are haemorrhages from various sites. When "pitta" is depressed there is lessened cellular activity and blood supply of the part of the body, according to any one of the 5 different "pittas" at different sites involved in the disease-process.

When "Kapha" is depressed there is increased flux ; when it is excited the secretions and excretions are at abeyance, specially if associated with depressed "Vayu". As there are five "Kaphas"

according to locality, these effects vary accordingly and may be local or general according to involvement of particular "Kapha" of a locality or general involvement of "Kapha" in the disease-process.

In *Chronic diseases*, i. e. diseases lasting longer than a period of 3 months and more, not only the "doshas" but also the "dhatus" (tissue systems) are involved. When several tissue-systems are affected in an organ, naturally it is involved in the disease-process and we get *Organic disease*. In Chronic diseases, continued excitation of "Pitta" increases tissue-katabolism, resulting in wasting diseases, just as continued depression of "Kapha" increases tissue anabolism resulting in new growths or tumours, benign and malignant, or in accumulation of fluids at various sites of the body as the various oedemas.

The theories of both Ayurved and Homeopathy are based on the "vitalistic theory" of the ancients, as well as take into account both the physiological and psychological factors involved. The same is true of the modern theory of Sympathetic-Endocrinology to which the "Tridosha theory of Ayurved" bears a close analogy. There is no doubt that both the physiological and the psychological factors in man are indissolubly bound up together and one cannot be strictly separated from the other in health as well as in disease.

In disease there are two factors—the Soil and the Seed; while the former (the organism of the particular individual who is ill) is fixed, the latter (the different causative factors of disease which may be bacterial, chemical, mechanical and so forth) is variable. Eastern and ancient pathology is based on the fixed factor and hence its theory is not continually shifting like the modern theory of causation of disease. The theory of causation of disease of ancient medicine can therefore be improved upon, but not changed.

Thus Cox (in his book—Hippocrates and Galen), the able translator and critic of ancient Greek medicine, had remarked "that the edifice we (moderners) have raised is not more stable than what the ancients had done." This is true of Ayurved also. It is interesting to note that modern medicine with its Study of Sympathetic-Endocrinology and Bio-Chemistry is slowly but surely giving increased attention on the "Soil" or the Study of the individual in health and disease.

The classification of disease in Ayurved on "Tridosh" theory had been methodically discussed by Madhab Kar in his "Nidan", the Standard Ayurvedic book on the subject.

(7) *Bacteriology in Ayurved*

Amongst the morbid agents which upset health are included the Bacteria. Since the brilliant discoveries of Koch and Pasteur, Bacteriology dominated Modern Western Medicine. It may be noted that besides Bacteria which are the causes of various Infective diseases, there are other morbid agents which induce ill-health. Further, as we have already stated that in diseases, there are two factors, Seed (the various morbid agents) and the Soil (the human organism where diseases manifest themselves by various symptoms). The point to note so far as Ayurved is concerned is that Bacteria did not occupy the all-important place they occupy in modern medicine. In fact the Soil was more or less ignored in Modern Medicine with the advent of Bacteriology.

Apart from the fact that there are several weak and faulty links in the Bacterial theory of diseases, the following should be noted in this connection.

"Germs cannot fully explain the phenomena of diseases. It is not the last word in Modern Medicine" (Editorial, Lancet 1909).

"Diseases like clinical cholera, dysentery etc. can be produced by germs as well by toxic amines." Everything depends on the substrata (the Soil) in which it acts" (Editorial, Indian Medical Gazette Nov. 1923).

"Certain germs in the body may be living in perfect amity or neutrality or even harmonious helpfulness. They are then otherwise than pathogenic. Transmutation of germs from healthy to pathogenic is a recognized fact. Even the most orthodox recognize a common origin." Homœopaths believe that germs are one of the effects not causes of disease, for everything depends on the substrata, the condition of the human body. "All bacterial diseases are essentially intoxications with protein-split products, the individual phenomenon depending on localization." So we speak of regional action of microbes and non-specific protein therapy.

"Germs are one of the exciting causes of certain diseases. Modern medicine classifies diseases into infective, traumatic,

metabolic, psychic etc." Ayurved on the other hand covers all those various factors by taking into account the Soil. It is a mistake to consider a part for the whole.

Soil is therefore as important as the seed in determining the outcome of a disease. Susceptibility can be won and lost. Individual resistance offers a better field than direct attempt to eliminate germs from the world.

The trend of modern medicine therefore is to get away from the present position of attaching exaggerated importance to the germ theory and to take up more or less the Ayurvedic view of according the soil greater importance than the seed.

Mass physiology, pathology as well as mass hygiene are the outcome of the study of Bacteriology. The keynote of Ayurved is the Study of the Individual in health and ill-health, in the advent of preventive and curative spheres. Modern Medicine with the the newer physiology in the endocrine and Bio-chemic spheres have begun the study of the Individual and is thus going over the same field traversed by Ayurved.

"We have lingered long enough" says Dr. Muthu, "on the mile stone of Bacteriology. We are now tempted to stop at Bio-chemistry (and Endocrinology). Further on the way sociology meets us and Psychology beacons us."

"The Spirit of the times" says Leonard Williams, "demand that we should adjust our angle of vision (by Study of the Individual instead of Study of Man in the Mass, by Study of the Pathology of Constitution over and above the Pathology of Infection). Yesterday was the day of the Pathologist, more specially of the Bacteriologist. Physiology and Medicine all wrung in the withers and quite crestfallen, contented themselves perforce with the crumbs that fell from the rich Microbic Tables. But the whirl-gig of times bring in its own revenge. Today, tomorrow and the day after are foreordained to the Physiologist. Their hour has come through the agency of the glands of Internal Secretion."

Still it cannot be denied that the development of bacteriology has added to our knowledge of one phase of certain diseases we call Infective and clarified several obscure ideas.

So far as Bacteriology in Ayurved is concerned we find "the bacterial origin and infectiveness of certain diseases noted in Ayurved, diseases like Leprosy, Tuberculosis, Small Pox and other Eruptive fevers. The bacteria referred to are so fine as to

be invisible to the naked Eye, which circulate in the blood and induce diseases" (Mahamahopadhyay Gananath).

It no doubt excites our wonder how Ayurved could accurately guess of the existence of germs without knowledge of collateral sciences, with the absence of instruments of precision for observation of these germs like the microscope as well as want of knowledge of present laboratory methods. Were they endowed with the "Sixth Sense" or the "Third Eye" to observe all these phenomena ?

Regarding the practical applications of Bacteriology in Medicine, Ayurvedists were aware that flies and other insects were carriers of disease. That the causes which produce germs inside and outside the body are the same viz. filth, the products of decomposition of cell-matters, vegetable and animal. The germs are therefore of secondary importance, for if we can keep the inside and outside clean as well as our environments, we need not be afraid of germs.

The Ayurvedists further knew that "by repeated contact, by sharing the same food and the same bed, by use of the same clothes, contagious diseases are transmitted from one person to another." (Captain Murti, Pandit Shastri).

(8) *Ayurvedic hygiene and Preventive medicine.*

The key-note of Ayurvedic Hygiene is the study of the Individual, how to keep him healthy and prevent him from getting ill. In the domain of Hygiene and preventive medicine, modern west has paid almost exclusive attention on the "seed" just as Ayurved had paid almost exclusive attention on the "soil", the result being the study of "mass Hygiene" in our days as opposed to "Individual Hygiene" in those ancient days. This is the chief point of difference between ancient and modern medicine.

The personality of the Individual.

In Ayurved, Individuals have been grouped according to their diathesis or temperament, which may be, as already noted, exuberance of Vayu, Pitta, or Kapha or Vayu-pitta, Vayu-kapha or Kapha-pitta. This peculiarity of Individual diathesis depends on Heredity, Environment and acquired factors, all of which affect the Tridosh or the sympathetic-endocrine in various ways, giving each individual his peculiar temperament.

"The Ayurvedic physicians have elaborately dealt with the regimen of diet and conduct (or mode of living) to be followed during the day and night in the various seasons of the year by persons of different temperaments in climates and countries, which, strictly followed, would act as a good prophylactic against epidemics and other diseases and prevent those sad break-downs in health, so common at the present day" (Dr. S. N. Gossain).

These methods of Ayurved had been discussed under the heading "Dinacharya" (daily observations), "Ritucharya" (seasonal observations) and "Brahmacharya" (regulation of sexual function) and consists of Hygienic modes of living and performance of certain physical exercises.

"These hygienic measures consist in taking wholesome food, breathing pure and fresh air, remaining in good light, keeping the body clean externally and internally, taking regular physical exercises and breathing exercises. In fact "plain living and high thinking" was the motto of the ancient Hindus" (Dr. Bakshi).

Lorand (old age deferred) stated that a healthy strong sexual system prevents pre-senility. Ayurved regulated sexual life avoiding excess on the one hand and advising to follow healthy sexual life on the other."

One of the various methods of personal hygiene advocated in Ayurved is "never to avoid calls of Nature" which give shock to the various Nerves irritating and weakening them. A whole chapter in Ayurved is devoted to discuss the evil effects of such procedures.

Another important point of personal hygiene advocated in Ayurved to prevent auto-intoxication from the great cess-pool of the body, so common in the Tropics, is fasting religiously enjoined to be observed twice every month on the eleventh day of moon and semi-fasting (one meal in place of two) on the full-moon and No-moon days.

Pay more attention to the "soil" says Ayurved, for it is impossible to keep out the germs which are present everywhere. Individual resistance affords a better field than attempts to eliminate germs from the world. It is better and easier, for example, says Captain Murti, to feed children with fatty food in winter than to eliminate respiratory germs from the Nursery. Art cannot compete with Nature, says Dr. Bakshi. It is easier to improve Natural Individual resistance to infection than to eliminate germs completely.

While preventive medicine or mass-hygiene can be successfully applied in a small rich place inhabited by enlightened people, it is impossible to be applied in a semi-continent like India with opposite condition (poor and backward population).

The extreme poverty of the Mass of Indian population, who never know from year in and year out what a full meal is, Indian people half-fed, half-starved, scarcely clad, have not sufficient vitality left to resist diseases. For proper nutrition is an important factor in Immunity. The diet of the Indian Mass at present is inadequate in quantity and quality. Nitrogen starvation as well as want of vitamines are the chief factors in the diet of middle class population of India.

The crux of the problem of Individual Hygiene is how to keep the "three doshes" in order, so that they act harmoniously.

A simple test is given in Ayurved which can be noted even by laymen to find out whether the organism is healthy or deviating from it. This depends on the physiological phenomena that we breathe alternately from one nose or the other. There is a regular order in which this takes place beginning from Sunrise to Sun-set depending on the particular phase of the Moon. Air comes in and goes out from one nostril for some time, then changes into the other. Between the change, viz. during the transition period (full 5 minutes) air goes in and comes out through both Nostrils. When the order as given in Ayurved is upset, you may be sure that you are on the road to ill-health.

Mass Hygiene or Preventive Medicine

While personal Hygiene was very fully developed in Ayurved, the same was not true of Mass Hygiene. The state of the country was quite different at the time,

"The contact of the East with the West has caused great social, economic, industrial, moral and spiritual upheavals, as seen in the growth of towns and cities, the decay of home-industries, increasing difficulty of agriculture, migration into towns with high rents, over-crowding and insanitation, dear adulterated food, poverty and want, intemperance and degeneration." Railway communications on the one hand and silting up of rivers paved the way for malaria while deforestation added to it. "The dark races, the simple children of Nature, living a less civilized and less strenuous life blessed with indolent peace and absence of care in the matter of feeding, clothing, drinking, coming in

contact with the strenuous west with its higher Civilization readily succumbed to the various epidemics so much prevalent in the land. Such is the penalty India is paying for the high materialistic Civilization she is gradually learning from the west.

But Ayurvedists had a very clear idea how epidemics occur, "Outbreaks of epidemics had been ascribed to contrary seasons, to the floating of minute animal and vegetable germs in the air (microbean clouds floating in the air), to earth quake, famine and floods (physical phenomena), wars between two neighbouring races" (Dr. Gossain). All these factors reduce individual vitality and thus increase susceptibility to Infection.

The ancient Hindus further knew that unusual mortality amongst birds, unusual death amongst rats are indications of a coming epidemic.

The idea of segregation is recommended in Ayurved in the case of persons suffering from eruptive fevers (to prevent infection of others). The segregation of the lying-in-room prevents infection of mother and baby from outside at a very critical stage.

Ayurved further advised evacuation of the village in case an epidemic rages there. All these and various ideas of Preventive medicine are found in Ayurved.

But of course it was not so highly developed as in modern medicine, partly at least, because there was not so much necessity for it. The trend of modern hygiene is to study Individual Health—a path already fully trodden in Ayurved.

Why India is so unhealthy at present.

The question naturally arises why inspite of the golden rules of Individual Hygiene, India is at present so very unhealthy. This is partly due to changed circumstances due to the contact with the west, but mainly it is due to ignorance of the mass who have not only forgotten the wisdom of their ancestors but have not acquired sufficient knowledge of modern Hygiene. Mass Education is the only solution. It is desirable that some ideas of Hygiene should be taught as a compulsory subject to school children. We draw the attention of the educationists of our country to the point.

CORRESPONDENCE

SOME SUGGESTIONS TO THE MADRAS AYURVEDA SABHA.

Of late the Madras Ayurveda Sabha while attempting to champion the cause of Ayurveda has launched criticism on the Government School of Indian Medicine and the head of that Institution.

The orthodox party of Ayurveda are ever fond of crying out 'Keep Ayurveda intact.' 'Don't pollute it by bringing it into contact with other systems of medicine'; what a narrow mindedness has taken possession of these venerable gentlemen. Why should they be afraid when they learn that along with Ayurveda Allopathy also is taught? Knowledge is pure. It is the nearest attribute of God. It is not a thing that can be rendered impure by comparison with other forms of knowledge. For progress, there should be open mindedness. There should be no prejudice. Today science rests on a very unstable ground. Theories are changing every day. What the Western scientist considers to-day as a most recent theory, appears to be one which is quite similar to the most ancient theory of Indian Sciences. For example, the conception of matter and energy of the Western Science before a decade is now blown-out and the latest electron theory of matter, which too must give place to another theory sooner or later, is very similar to our theory of 'Pancha Mahabhuta.' Even this electron theory must give place to another which enunciates that the ultimate cause of universe is *Consciousness* absolute which when becomes qualified is projected as creation and that therefore every atom in this universe possesses consciousness or will. This conception of matter is new to the present day scientist but which is purely an Eastern-idea.

All this may appear to be out of place but to show how a comparative study of science helps to bring out the glory of Ayurveda, I have given this as an example. One never loses by learning other theories. In this respect the Principal, Government School of Indian Medicine, who is himself a sound scholar of both the systems should be thanked for the policy of comparative study he has inaugurated in the school. Efforts should be made to study Ayurveda in the lights of modern sciences and thus help to enhance the glory of Ayurveda. It is no use to be a frog in the well.

Further the modern medical practitioner has to face competition. To-day struggle for existence is very keen and an Ayurvedic Medical Practitioner has to compete with his brother practitioners who practise other systems. To be successful, it is essential that he should be in touch with the most modern systems of the healing art.

It is alleged by the Madras Ayurveda Sabha that Sanskrit scholars are not employed in the Government school of Indian Medicine. This

is far from truth. Scholars who obtained 'Ayurveda Acharya', and 'Ayurveda Visarada' degrees of the 'All India Ayurveda Vidya Peetha' and those who underwent a four years course in the Madras Ayurvedic College, founded by the late Vaidya Ratna Pandit D. Gopalacharlu, the pioneer of Ayurveda in Southern India and who can be said to be the remote cause for the opening of the Government School of Indian medicine, are Pandits of no lesser learning than the gentlemen who now criticise that Sanskrit scholars are not employed in the Government School of Indian Medicine to teach Ayurveda. The allegation that only L. I. Ms. are employed in Dispensaries of the Local Bodies, is not a fact. On the other hand the G. O. does not prevent the local bodies from employing any practitioner whom they consider qualified to hold the post of the Physician.

Captain G. Sreenivasa Murthi has said 'that he does not see why a qualified Ayurvedic Medical Practitioner should not be employed even in Government subsidised Rural dispensaries provided they are found to be able to meet the Medical and surgical (including obstetrical) needs of the people.'

The real source of mischief is elsewhere, for I learn that some L. I. Ms. are now canvassing in Guntur, Kistna and West Godavari Districts that non-L. I. Ms. who have studied in Private Colleges are not qualified to hold Physicians' posts in the dispensaries under local bodies. For example, in Ongole Taluk Board one or two L. I. Ms. are carrying on propaganda that Ayurvedic Physicians other than L. I. Ms. are not qualified to hold physician's post. It is to be pined that no body pays any attention to their mischievous propaganda. In this connection, the Principal of Government School of Indian Medicine should be requested to instruct the out-going students of his school not to deal in such activities.

The third point of criticism is that English is laid as one of the qualifications for admission into the school. Surely, for reasons already said, for a comparative study of medicine, English is essential and it is no wonder that the Principal should put it down as one of the requisites for admission. But, in fact a knowledge of Sanskrit is given preference in the admission of students.

In the report submitted by the Madras Ayurvedic Sabha to the Government, they have advised the Government to close the Institution. What a foolish idea it is? The fruits of so many years of labour, our friends want to undo with one report. The present attitude of the Government is such that they will be too glad to take up the suggestion and no wonder they may pass orders tomorrow asking the school to be closed. If the school is closed where can you get knowledge of Anatomy which is quite essential for any medical practitioner, no matter which system he

follows. I therefore advise my brother practitioners not to venture such irresponsible suggestions.

As regards the curriculum of studies in Govt. school of Indian medicine, it will be more reasonable if we agitate that special facilities should be created for conducting research work in Ayurvedic drugs and medicines etc.

If the orthodox party wish for a purely Ayurvedic school, there is a suggestion in the "Bill of Tirupati temple" to open Ayurvedic and Allopathic dispensaries from the funds of the Tirupathi Devasthanam. Instead of opening such dispensaries they can as well agitate through the Madras Legislative Council by our president of Sabha, Mr. Satyamurti, for the opening of a purely Ayurvedic school where no other system is taught.

L. F. Dispensary
Kottapatam.
Date. 18-12-31.

N. KESAVACHARLU, A. M.A. C.

Medical News & Notes

THE INJURIOUS EFFECTS OF COSMETICS.

Writing in *Medizinische Klinik*, Dr. R. L. Mayer, of Berlin, points out that it is generally believed that the mechanical factor in powdering and painting namely, the clogging of the excretory duct of the sweat glands, inhibits the normal secretory function of the skin and thus causes it to become flabby and grayish. It is probable that this factor has a certain influence, especially when the perspiration is profuse, as is frequently the case in actors; but whether this clogging of the pores is also of significance in the customary daily use has not been proved. However, injurious effects do result if the powders or paints contain poisonous ingredients, such as white lead. In some countries the use of white lead is prohibited. In other countries white lead has not been legally prohibited as yet, and in these countries the injurious effects of cosmetics are most common, not only on the skin but occasionally manifested as symptoms of severe poisoning like those noted in lead poisoning; in many instances the white lead in the cosmetics has been found to be the cause. In Japan, where women use powders containing mostly white lead, it has been noted that breast-fed infants frequently develop meningitis, and the lead-containing powders have been considered the cause of this. Efforts are now being made in many countries to prohibit the use of white lead in the preparation of cosmetics. But even if the cosmetics do not contain poisonous substances, local symptoms of

irritation may develop. Some persons may have a hypersusceptibility toward certain ingredients, most frequently toward the dye or the scent. However, these cases are extremely rare. It is usually difficult to detect the offensive substance because the perfumes used for scenting the powders sometimes contain from fifteen to twenty-five different substances. A person who is hypersensitive to a certain powder should either not use any powder or should try other brands. In cases of inflammation of the mucous membrane of the lips resulting from the use of a lip-stick, it has been found that either eosin or rhodamine was the cause. In discussing hair dyes the author points out that those of vegetable origin, especially henna, are harmless. However, the oxidation product of synthetically produced amines have likewise been used for hair dyeing in recent years and in some persons they cause complications. These substances are used also for dyeing furs, and occasionally inflammations of the skin develop after contact with such furs. Metallic dyes are sometimes combined either with organic dyes or with henna, and the author thinks it advisable in order to prevent serious complications, to test the dye first on small portion of the hair. He also advises against bleaching the hair with hydrogen dioxide.

INDIAN SCHOOL OF MEDICINE

Criticism Of Policy

CITY AYURVEDA SABHA MEETING

MADRAS. DEC. 1.

A public meeting was held last evening under the auspices of the Madras Ayurveda Sabha at Tholasingaperumal Koil Street, Triplicane, to consider the present state of Ayurveda.

Vaidyaratna Bharata Sastri proposed Mr. S. Satyamurthi to the chair and said that he was the fittest gentleman to preside over the meeting. He said that Ayurveda had fallen on evil days and that it should be revived at all costs. He was sorry to note that at a time when every lover of Ayurveda was trying his best to keep the science intact in its pristine purity, the School of Indian medicine run by the Government in Kilpauk had entirely lost sight of the object with which it had been started. The Oosman Committee which consisted of many experts had recommended that lessons should be taught on purely Ayurvedic and Siddha lines. But a departure had been made which was quite detrimental to the study of Ayurveda. Scholars in Sanskrit were not employed as professors. A. G. O. had been passed that only L. I. Ms who came out of the school should be given appointments in the dispensaries of local bodies. Competent Sanskrit scholars who had sound knowledge of Ayurveda were denied such appointments. Charaka and Susrutha

were not taught in the school. Only those who knew English were declared as eligible for admission in the school and candidates who were proficient in Sanskrit or in any other vernacular were declared as unfit for admission. Medicines were not got from renowned Ayurvedic physicians. Whatever might have been done in the past, the School should in future be run on strictly Ayurvedic lines and scholars in Ayurveda should be employed as professors.

Mr. N. V. Krishna Wariar seconded the proposition which was duly carried.

REPORT TO GOVERNMENT

Mr. G. S. Sarma, Secretary of the Ayurveda Sabha, read the report submitted to the Government.

The report stated that the opinions received from members of the Sabha from the city and mofussil showed in unmistakable terms the fact that the School of Indian Medicine was the death knell of Ayurveda and that the earlier it was closed the better for the preservation of the ancient culture and practice of the indigenous systems. It had been very clearly pointed out that the indigenous system required and deserved Government help for reviving it ; for the system was complete in itself in every branch. The purity of the course was indispensable for proving the superiority of the indigenous system. This grand object had been set at naught by the organisers of the School of Indian Medicine. The authorities were trying to arm themselves with the sanction and authority of the Government for completely suppressing the great scholars and practitioners according to the Hindu science. In these circumstances the Sabha had urged on the Government the necessity to perfect the orthodox learning and practice and to entrust the Institution into the hands of thorough orthodox scholars.

NO PROGRESS

Mr. Subramania Sastri also criticised the work of the school of Indian Medicine and said that Captain Srinivasamurthy Principal of the Institution was not a real lover of Ayurveda. It was 7 years since the School had been started and yet it had achieved nothing in reviving the indigenous systems. On the other hand its efforts were calculated to kill Ayurveda. Charaka and Susrutha and the 8 Angas were not at all taught. Out of the 5 hours of study 3 hours were allotted for surgery. Two Malayalee professors had been appointed to teach Telugu and Tamil. Did it mean that Telugu and Tamil professors were not available ? Surgery was not conducted purely on Susrutha lines. But on the other hand western system of surgery was followed. Treatment was not given strictly on the lines of Charaka. Students who got marks even below the minima were declared to have passed in examinations. The

students who came out of the School were proficient neither in the western system nor in the indigenous system.

The Surgeon-General had said that he would not recognise them nor were they to the satisfaction of Ayurvedic scholars while L. I. Ms were given appointments. Ayurvedic scholars knowing only Sanskrit were denied that privilege. Ayurvedic medicines were not got from reputed Ayurvedic physicians.

RESOLUTIONS

Mr. Natesa Sastri moved the following resolutions :—

This meeting of the Madras Ayurveda Sabha resolves that the Government may be pleased to adopt every precaution for protecting the ancient learning and the orthodox practice by giving the ancient system a lasting life so as to make it useful like every good system in the world.

This meeting further resolves that the Government may be pleased to entrust the Government Institution of Indian Medicine into the hands of one of orthodox persuasion, capable of rendering every satisfaction to modern critics and promoting in the best manner the interests of Ayurveda, pure and simple, so that the theory and practice of Ayurveda may be studied and practised for its own sake and in the same good old pious and charitable spirit.

Mr. Rajagopala Iyer seconded the resolutions and said that Charaka and Susrutha were not in their original state. They should be codified in their original form. There should be interconnection between the diagnosis of disease and the potency of the drug. There was absolutely no research work. There was no use of speaking about the glory of Ayurveda. They should concentrate their attention to research work.

Mr. Srinivasaraghavachari supported the resolutions.

SCHOOL DEFENDED

Mr. V. Narayanasami replying to the criticisms said that those who had sponsored the resolutions had not acquainted themselves with the real state of affairs obtaining in the School of Indian medicine. It had been said that there were only 5 hours of study. Students came at 7-30 a.m. and studied till 4-30 p.m. They were given training in practical lines in Anatomy and other branches. 1,000 persons were being treated as out-patients and there were 100 in-patients. There were maternity and surgery wards. Although they learnt the allopathic system in certain respects, Ayurvedic medicines only were used. Students of 3rd and 4th year classes handled cases under the direct supervision of professors. Charaka and Susrutha with commentaries in Sanskrit were being taught. For the first three years a student had to learn Sanskrit. Just as an Indian could be professor of English, Malayalee gentlemen were also teaching Telugu and Tamil. Only 33 per cent of students passed in

the examinations. There was therefore no truth in the allegation that even though they did not get the required minima in the subjects they were declared as having passed. Scholars like Bharatha Sastri were also examiners. Everything was included in the high proficiency test.

Mr. Suryararayana of Bezwada also defended the policy of the school. He said he was proud to call himself a product of the School of Indian Medicine. People who had their own axe to grind exploited the name of the late Pandit D. Gopalacharlu and had cast aspersions on Captain G. Srinivasamurthi, a great man who was universally respected. He was the pioneer who was struggling hard to revive the indigenous system. These orthodox people had done nothing for the last two centuries to revive Ayurveda and they wanted to cast obstacles in the way of Mr. G. Srinivasamurthi. It was said that sound scholars were not employed as professors. Mr. Madhava Menon, the first disciple of Pandit Gopalacharlu was a great scholar and he was a professor in the School.

The speaker in conclusion appealed to the audience to oppose the resolution.

MOVER'S REPLY

Mr. Subramania Sastri also opposed the resolution and said that they could not extend the period of 4 years in the School as the Government could not give them sufficient financial help. Within this limited time only some books could be taught. Government could not give appointments to all the pandits.

Mr. Satyamurthi : That point is neither new nor decent.

The speaker also said that examinations were rigidly conducted. There was synthetic study in the School. As far as possible, surgery on Susrutha lines was also taught. Their policy was to take all the best things in other systems and combine them with the indigenous system.

Mr. Natesa Sastrigal replying said that he was obliged to make personal remarks after he heard the speeches of previous speakers. Captain Srinivasamurthi had made no secret of his view that they should make a combination of all the best elements found in various systems. He had also said that they could not copy parrot-like all impossible things found in the old texts. This idea was entirely in consonance with the views of those who wanted to have a national religion. It was no wonder that Mr. Srinivasamurthi who was a staunch theosophist had such an idea on medicine. The speaker's contention was that Ayurveda should be kept intact in all its pristine purity and that its superiority over other systems should be demonstrated. He did not want to decry any other system.

The resolutions were put to vote and carried by a large majority.

ENQUIRY SUGGESTED

The President said that Ayurveda had been in existence for several centuries long before other systems were invented. It was by itself a sound system which was invented by the Rishis. Its individuality should be kept intact and its purity should not be marred by introducing the elements of other systems into it. India was a poor country and therefore any system which was calculated to make medicine costly should be discouraged. They should run the institutions in such a manner that cheap Ayurvedic medicines were made available even to poor people. If Ayurvedic medicines were encouraged, there would be no necessity to purchase foreign drugs and thus the exploitation of the wealth of the country could be stopped.

The School of Indian Medicine was started with the object of encouraging Ayurveda. It appeared to the speaker from the reports that the School had lost sight of the object. People had implicit faith in Ayurveda. There should be no restriction placed on the local bodies regarding the purchase of medicines. The Oosmin Committee had opined that the Indian systems were logical and scientific. When such was the case why should there be another addition of the General Hospital at Kilpauk.

Why should they say that L. I. Ms. only were eligible for getting appointments? The Government should appoint a committee to enquire into the allegations.

The Ayurvedic pandits also had a great responsibility. They should extend their activities and be up-to-date in their work. They should carry on research work.

Mr. T. S. Anantharama Iyer proposed a vote of thanks and the meeting terminated.

The speaker repudiated the suggestion that because some people wanted appointments in the School of Indian Medicine they carried on this agitation.

"Swarajya"—Dec. 31.

VIII. All-India Medical Conference.

The eighth All-India Medical Conference will be held in Calcutta during the ensuing Easter holidays. Subjects concerning the vital interest to the medical profession in India and the formation of Indian Medical Council will be discussed in the Conference. Scientific Section of the Conference and the Exhibition will no doubt afford every medical man a ~~good~~ opportunity to know the advancement made in this country in medical science. In order to make this Conference thoroughly representative of the medical profession of India it is requested that all members of the profession should join the Conference and take part in

the deliberation. For particulars regarding accommodation etc., please write to the Secretary, 67, Dharmatala Street, Calcutta. Delegation fee has been fixed at Rs. 5/-.

MEDICAL EXHIBITION.

In connection with the All-India Medical Conference a Medical Exhibition will be held in Calcutta during the next Easter holidays. It is expected that Medical men from all parts of India will attend the Conference. It will afford a very good opportunity to dealers and manufacturers of medical requisites to exhibit their products. Those who are willing to take stalls at the Exhibition will please write for particulars to the Secretary, Exhibition Committee, 67, Dharmatala Street, Calcutta

Preparation for the Eighth All India

MEDICAL CONFERENCE.

The Reception Committee of the All-India Medical Conference formed by the members of the medical profession of Calcutta is astir to make the Conference a success. The Corporation of Calcutta has very kindly lent the use of the Town Hall for the Conference and the medical exhibition. The exhibition will be opened on the 24th March at 5 P. M. The following provisional programme has been made :—

25th March—12 A. M. to 2 P. M. opening ceremony ; Welcome address of the Chairman of the Reception Committee ; Presidential address and formation of the Subjects Committee. From 2 to 5 P. M. Scientific Section ; 5 to 7 P. M. Tea ; 8-30 P. M. to 10-30 P. M. Subjects Committee's sitting. 26th March 8 A. M. to 10 A. M. Visits to Institutions and meeting of Subjects Committee. 1 P. M. to 4 P. M. Conference. 6 P. M. to 9 P. M. Scientific Section. 27th March 8 A. M. to 10 A. M. Visits to Institutions and meeting of Subjects Committee. 1 to 4 P. M. Conference. 4 to 6 P. M. Tea. 6 to 8 P. M. Annual Meeting of the Indian Medical Association. 8 P. M. Dinner. 28th March 8 A. M. to 10 A. M. Conference—conclusion. It is expected that a large number of delegates from all over India will join the Conference. Arrangements have been made for free accommodation for the delegates. A nominal charge may be made for boarding.

THE TURPENTINE INDUSTRY.

The Indian turpentine industry represents Britain's great contribution to the systematic development of the production of natural resin, said Mr. C. H. Barry, in an address to the Oil and Colour Chemists' Association. India contains the turpentine area in the Empire, and

affords a remarkable example of what can be done by organisation and careful control in the face of almost insurmountable difficulties. The turpentine area in India is a comparatively thin belt of trees along the Himalaya mountains, but it has been found possible, by the introduction of the latest and most scientific methods, and by the development of centralised factories, to produce a resin and a turpentine which are admittedly of first-class quality, and are supplying nearly all India's internal needs in this direction. It still costs rather more to send the products to South India, however, than to export, because of the difficulties of transport, but the development of the industry is a remarkable achievement, and is mainly the result of the work of the Indian Civil Service.

INDIAN SANTONIN.

Colonel R. N. Chopra, I.M.S., and Mr. B. Mukherji, of the Department of the Pharmacology, Calcutta School of Tropical Medicine, have compiled a very useful note on Indian species of *Artemesia* (Indigenous Drugs Inquiry, I.R.F.A. Series No 27) Before the War practically all the santonin on the Indian market was of Russian origin and was imported from Europe. It was obtained from *Artemesia cina* Berg., but there are many allied species, such as *A. maritima* var. *stechmanniana* Besser (*A. lercheana* Karel and Kiril), *A. pauciflora* Stechm., etc., which are indigenous in the vast uncultivated plains of the Kirkhiz in Turkestan. Many species of artemesia are also widely distributed over different parts of Europe, Asia and America. Formerly large quantities of the strongly-aromatic flower heads were collected and sent to the European markets, especially to Moscow and Petrograd; some also found their way to India through Afghanistan and Persia. Factories were later established in some of the large towns in Turkestan where santonin is extracted and the purified product is now mainly exported. Some years ago there was a great scarcity of santonin owing to the wasteful and destructive methods of collection, and to the political and economic upheaval in Russia. Efforts were, therefore, made to find other sources of the drug with a view to increasing its output. The plant was found only in a restricted area in Turkestan and attempts at the extension of cultivation had hitherto failed. Many species of artemesia grow in the Himalayas, but *Artemesia brevifolia* Wall, which contains santonin, grows fairly abundantly in certain parts of Kashmir. A factory for the manufacture of santonin in Kashmir has been under contemplation for some time, and although a certain amount of santonin has been produced, it does not appear to have been manufactured on a commercial scale. Within recent years (1926-27) a new source of santonin has been discovered in India. In the Kurram valley in the North

Western Frontier Province, at a height of 4,000 to 5,000 feet above the sea level, artemesia has been found growing in abundance. Beside the artemesia already growing wild, a very large area of waste land is suitable for cultivation, and it would only be necessary to protect it and give it an occasional watering to produce good crops. If these operations are successful, it is to be expected that India would not only be completely self-supporting as regards her santonin requirements, but would be able to export a large amount. Santonin, is one of the most expensive drugs in the pharmacopœia, its current price being about Rs. 400 per pound, During the War and for some time after, it was selling at Rs. 720 per pound, a single dose of 3 grains costing nearly a rupee. Even with the introduction of such anthelmintics as chenopodium, which are very active against ascaris, it is found that a combination with santonin gives better results. The huge demand of santonin, therefore, can easily be understood. For mass treatment in a poor country like India, it is essential that some source be found from which santonin can be extracted and sold at a very much cheaper rate than the present one. From what has been said above, it will be seen that if all the Indian resources are developed, this should not be difficult. The incidence of ascaris and oxyuris infections amongst the population of this country is very heavy indeed. This will be seen from an estimate made by a previous worker (Chandler 1927) in helminthological department of the Calcutta School of Tropical Medicine and Hygiene. Over 65 per cent. of the population in Burma, Assam, Orissa and parts of Madras, where the rainfall is heavy and the surface water abundant during the monsoon season, appear to be affected; in Bengal and parts of Bombay the incidence is from 35 to 50 per cent. and in the United Provinces it varies from 15 to 25 per cent.; in the drier parts of India like the Punjab and Rajputana, though the incidence is less than in the parts mentioned above, it is in no way insignificant. The development of the santonin industry will, therefore, be very beneficial to all concerned.

NATIVE MEDICINE MEN.

Under the Medical, Dental and Pharmacy Act, 1928, native "medicine men" who have been granted licences by their own chiefs are allowed to practise in their own tribes, but a number of them, taking advantage of this clause, have set up in Durban and other large towns. They mostly claim to be experts in venereal diseases and sexual ailments, and are doing a great deal of harm. However, the Native Code can be amended by proclamation, and the Minister for Native Affairs has promised to look into the matter. When this question was raised in the House of Assembly last month, one of the members drew attention

to what he described as the crying need among the natives for properly-trained medical men of their own. There are at present no facilities in South Africa for the training of native doctors. The Transkei Native Council recently asked the Minister to permit natives to be trained as doctors in South African universities, and has offered, in the event of the South African universities being unwilling to provide the necessary facilities, to send young natives overseas to be trained at the natives' expense, but this request was refused.

To

The Editor,

JOURNAL OF AYURVEDA.

I shall thank you if you will publish the following in the next issue of your paper :—

THE ALL INDIA AYURVEDA VIDYAPEETH EXAMINATIONS.

The Annual Examinations of the All India Ayurveda Vidyapeeth will commence on Thursday the 31st of March 1932 at different centres throughout India. It had been decided by the Ayurveda Vidyapeeth that Examinations shall commence on the last Thursday of March every year unless mentioned otherwise. Students desirous to appear for the Vidyapeeth Examinations should get application forms from the office of the Vidyapeeth Poona 2, by sending necessary postal stamps and should send the forms duly filled in to the Vidyapeeth office Poona 2, before the 25th of February 1932. Examination fees, Rs. 3/- for Bhishak, Rs. 5/- for Ayurveda Visharada and Rs. 7/- for Ayurvedachary Examination must be sent along with the application forms. Forms without Examination fees will not be accepted. Application forms or Examination fees will not be accepted after the 29th of February 1932.

Application forms can be had from the Provincial Secretaries of the different Provinces as well as from the Superintendents of different centres. Application forms also can be had from the affiliated Ayurveda Vidyalayas and Institutions. Newly printed forms should be used. Old application forms have been cancelled.

Yours faithfully,

KRISHNASHASTRI KAVADE,

General Secretary,

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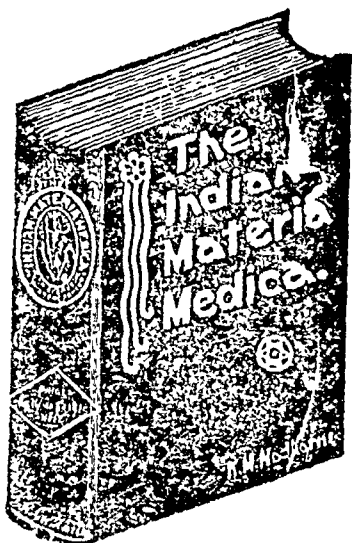
III. History of Indian Medicine. Griffith prize essay for original research for 1911. Published by the Calcutta University with a foreword by SIR ASUTOSH MOOKERJEE, Kt., Vice-chancellor, Calcutta University. Royal 8vo., pp. 303, 1923. Containing Notices, Biographical and Bibliographical, of the Ayurvedic Physicians and their works on medicine, from the earliest ages to the present time. Vol. I.—**Rs. 6.** Vol. II.—**Rs. 6** Vol. III.—**Rs. 6.** Postage extra.

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Vol. VIII.]

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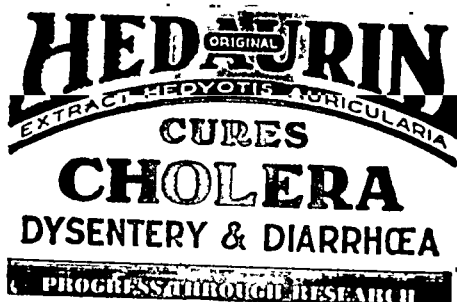
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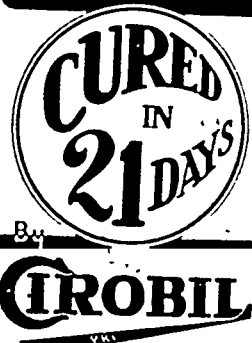


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March, 1932.

[No. 9.]

All India Medical Council Bill

BY

DR. M. R. SAMEY, M.D.

Basavanagudi, Bangalore City.

The Indian Medical Council Act essayed by the Bill in question is on the face of it a stop-gap to placate the British Medical Council to extend the glorious privilege of recognition of Indian medical degrees by the British Medical Council of Great Britain and therefore quite apologetic in its very conception.

It smacks of a preparedness of the Government of India to submit the Indian medical profession to any imaginable humiliation just to accommodate a centesimal proportion of Indian University medical graduates who may desire the ephemeral privilege of registration in the British Medical Register to undertake medical practice in Britain. The dubious advantage of availability of Post Graduate Instruction for Indian medical graduates through registration by British Medical Council only is watered down by the fact that the Medical Corporations and Post Graduate Institutions in England and Scotland allow Indian medical graduates to avail themselves of the higher studies offered by them without recognition and registration by the Medical Council of Great Britain in common with medical graduates of other foreign countries and this plea for an Indian Medical Council Act stands effectively scouted as such.

Besides, these Indian medicoes who settle down to practise in England are infinititely small in n^o

and, nine to ten, command British medical qualifications *per se*.

The comprehensive nature of the ambitions is manifest in the fact that the All India Medical Council Act is attenuated and whittled down to abject narrowness by the exclusion of Medical Licentiates who form the bulk of the Medical Profession in India, in and out of service.

The inadequacy of the Bill to provide for the national self-respect of the medical profession of India is so glaring that the role of a Deputy President is unblushingly allotted to the British Medical Council without even so much as a word of reciprocity being anticipated in the Bill. The entire machinery of an Indian Medical Council and an Indian Medical Register is conceded to be set up at a great expense just to solicit an assenting nod of the British Medical Council, and for what avail? For the doubtful advantage of the glorious privilege of practising in the British Isles which has a plethora of physicians and surgeons even to spare for her colonies and Dependencies. There are more doctors than patients in England and Literature, Mythology, Fine Arts, Film Industry and Fiction have drawn votaries from its unemployed ranks.

Even if the British Medical Corporations and Diploma-dubbing bodies exclude Indian medical graduates from availing themselves of their Post Graduate studies, there is Vienna, that Mecca of Medical Post Graduate Studies and Germany and France and U. S. A. to afford facilities for Medical Research and studies and medical wisdom shall not fly away from India at the bidding of the British Medical Council. There are already the Provincial Medical Councils set up by the various Local Governments and to superimpose this extravagant Medical Council in these times of universal depression is quite unwarranted.

It is late in the day, taking stock of Indian conditions, to withhold recognition from the medical licentiates of

the various medical schools of India as they are handiwork of the Government of India only.

The analogy of the British Medical Act must be strictly followed in the sphere of granting automatic registration to all those medical practitioners in India who have been practising medicine in India for not less than five years prior to the passage of the Indian Medical Council Act.

The Medical Council must be a wholesale elected body and its president must be elected. Recognition and registration must be on a purely reciprocal basis and no foreign degree should have the right of priority over any other in point of recognition and registration.

The British diplomats and degree-holders shall submit to the same conditions and regulations as those of any other country and unless there is equal reciprocity to all Indian medical degrees and diplomas allowed by the British Medical Council in matters of medical registration in Great Britain, they must be compelled to hold Indian medical degrees and diplomas to enable them to practise in India.

The independent medical profession of India should have the dominant voice in the deliberations of the Council and justice and fair-play to all countries must be the slogan of the Indian Medical Council. Equality and fraternity must be fostered among all medical practitioners of various grades and status in India as it is in Great Britain and the continent of Europe and America.

To cut away a large slice of the independent medical profession of India in the shape of Indian Medical Licentiates being barred by the Indian Medical Register is impolicy itself, especially in a measure avowedly meant to foster *spirit de corps* in the medical profession.

To treat the medical graduate as a sort of "serphi illuminati" of the medical profession is an unjust invidious distinction in India as the licentiates alone constitute the bulwark of medical relief in India.

Before passing the Bill into an Act of Legislature, it must be referred to a Select Committee who must take the consensus of Indian independent medical opinion and go deeply into the question and vogue, obtaining in various countries of the world about the effective control of medical education and registration and law of reciprocity extant in various countries.

To precipitate a measure of such a magnitude for the common weal or woe of the country without adequately studying the special needs and conditions of India and its unique position as a vast country with a live indigenous medical system and leave out of consideration votaries of healing, aggregating about eighty per cent of the Indian medical relief system, is a short-sighted measure in itself.

To aggravate the already stumbling proposition by excluding medical licentiates who form 90 per cent of western medical relief in India is to stultify the very purview of the Bill.

To placate the Medical Council of Great Britain, do not rush the Bill, for God's sake, through Legislative Mill into an Act without due deliberation being accorded to the momentous issues raised in this necessarily cursory memorandum and it is enthroning error and usurping authority to enact it without anticipating and providing for or against these skeletons in the Indian cup-board,

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गर्भोपघातकरास्त्रिभिर्भावा भवन्ति । तद्यथा । उत्कटविषमस्थान-
कठिनाशनसेविन्या वातमूत्रपुरीषवेगानुपरन्धन्या दारुणानुचितव्यायाम-
सेविन्यास्तीक्ष्णोष्णातिमात्रसेविन्याः प्रमिताशनसेविन्या गर्भो स्त्रियतेऽन्तः
कुक्षेः । अकाले वा संसते । शोथी वा भवति । तथाभिघातप्रपीडनैः
श्वभ्रूप्रपातदेशवलोकनेर्वाऽभीक्ष्णं मातुः प्रपतत्यकाले गर्भः ।
तथातिमात्रसंक्षोभिभिर्योमैर्यानिन । अप्रियतिमात्रश्वचैर्व । प्रततोत्तान-
शयिन्याः पुनर्गर्भस्य नाभ्याश्रया नाङ्गी कण्ठमनुवेष्टयति ।

Caraka Samhita, IV. viii.

Susruta adds the young ages of the parents (mother below 16, and father below 25 years of age) as another cause and says :—

If from the causes mentioned before, abortion seems imminent, then she complains of pain in the uterus, the loins, the thighs, and

the hypogastric regions, and discharge of blood occurs. In this condition, cold water is to be sprinkled ; cold bathing, and application of cold ointments prescribed ; she should drink cold milk after having boiled it. If the movement of the fœtus be often, prescribe milk and boiled (*Utpala*). If the discharge continues, heat and pain are complained of at the sides and the back ; hæmorrhage, retention of urine and difficulty in passing flatus occur. When the fœtus moves from one part of the abdomen to the other, the digestive system is paralysed. Then you should use cool and oleaginous preparations. If much pain is complained of in the uterus, prescribe.—*Mahasaha* (*Terumnus labialis*), *Ksudrasaha* or *mugani* (*Phaseolus trilobus*), glyceirrhiza, *Goksuri* (*Tribulus terrestris*), and *Kantikari* (*Solanum xanthocarpum*), boiled in milk with sugar and honey. If the quantity of urine excreted becomes scanty, use infusion of *Darbhadi* (*Imperata arundinacea*) group. In cases of obstruction of feces and flatus you should prescribe assafoetida, *souvarccala* salt, garlic, and *Vaca* (*Acorus calamus*) as infusion. If excessive bleeding occurs, use the mud of houses, *Manjista* (*Rubia cordifolia*), *Dhataki* flowers (*Woodfordia floribunda*), *Navamalika* (*Jasminum sambac*), *manasila* (red arsenic), raisin, and *rasanjana* (stibium) powdered and, after being mixed with honey, to be sucked by the patient. Or she may take the bark of the twigs of *Nyagrodhadi* (*Ficus Indica*) group well-pressed ; or *Utpaladi* (*Nymphaea stellata*) group formed into a paste to be taken with milk. She may also be given the *kalka* of *Kaseru* (*Scirpus kysoor*) *Srngataka* (*Triapa bispinosa*), and *Saluka* (roots of *Nymphaeaceæ*) with milk ; or the fruit juice of the *Yajnadumbura* or *Ficus glomeratus*, infusion of its root, mixed with milk ; or give her the juice of *Nyagrodhadi* (*Ficus*) group and *sali* rice mixed with ginger and honey internally, or to be applied to her body, spread over a cloth. If there is no hæmorrhage, and only pain is complained of, prescribe glyceirrhiza, *Devadaru* (*Pinus deodara*), and *Payasya* (*Mimusops Indica*) boiled in milk ; or prescribe the infusion of *Asmantaka* (*Coleus aromat*), *Salavari* (*Asparagus racemosus*) and *Payasya* (*Mimusops Indica*) ; or she may take the above infusion with the infusion of *Vidari* (*Ipomœa digitata*) group ; or let her take the infusion of the following drugs *Vrhati* (*Solanum Indicum*), *Kantikari* (*Solanum xanthocarpum*), *Utpala* (*Nymphaea stellata*), *Salavari* (*Asparagus racemosus*), *Sariva* (*Ichnocarpus frutescens*), *Payasya* (*Mimusops Indica*), and glyceirrhiza.

तत्र पूर्वोक्तैः कारणैः पतिष्यति गर्भे गर्भाशयकटीवङ्क्षनवस्ति-
शूलानि रक्तदर्शनञ्च तत्र शीतैः परिषेकावगाहप्रदेशादिभिरुपचरे-
ज्जीवनीयशृतक्षीरपानैश्च गर्भस्फुरणे मुहुर्मुहुस्तत्सन्धारणार्थं क्षीरमुत्-
पलादिसिद्धं पाययेत् । प्रसंसमानेसदाहपार्श्वपृष्ठशूनासृग्दरानाहमूत्र-
संज्ञाः स्यानात् स्थानञ्चोपक्रामति गर्भे कोष्ठे शंखस्तत्र स्निग्धमीताः
क्रियाः । वेदनायां महासह्यक्षुद्रसह्यमधुकश्वदं द्राकण्टकारिकसिद्धं
पयःशर्कराक्षौद्रमिश्रं पाययेत् सूत्रसङ्गे दर्भादिसिद्धं ।

अनाहे हिङ्गुबीर्जलशुनवचासिद्धं । अन्वर्थं स्रवति रक्ते
कोष्ठागारिकागारमृत्पिण्डसमङ्गाधातकोकुसुमनवमालिकानैरिकसर्जरस-
रसाञ्जनचूर्णं मधुनावनिह्वाद्यथालाभं न्यग्राधादित्वक्प्रवालकल्कं वा
पयसा पाययेदुत्पलादिकल्कं वा कश्मीरमृद्गाटकशालुककल्कं वा शृतेन
पयसोऽुम्बर फलीटककन्दकाथेन वा शर्करामधुमधुरेण शालिपिष्ठं
अग्रोधादिस्वरसपरिपीतं वा बस्त्रावयवं योन्यां धारयेत् । अथाट्ट-
शोणितवेदनायां मधुकदेवदारुपयस्यासिद्धं पयः पाययेत तदेवाश्मन्तक-
शतावरौपयस्यासिद्धं विदारिगन्धादिसिद्धं वा वृहतिहयोत्पलशतावरी-
सारिवापयस्यामधुकसिद्धं वैवं क्षिप्रमुपक्रान्ताया उपावर्त्तन्ते रजो
गर्भं प्राप्यायते ।

Susruta Samhita, IV. x.

If treated in this way, abortion is prevented and pregnancy continues to advance. After the cessation of the discharge, prescribe *Dumbara* (*Ficus glomerata*) fruit boiled in milk. If the time of delivery be suppressed, prescribe wheat-paste (without ghee and salt) as of the *Kodiava* group, *Uddalaka* etc., to be taken as many days as the number of months of pregnancy. If acute pain is complained of in the bladder and in the abdomen, use digestive medicines and old treacle or whey. If the passages be contracted by eccentric *Vayu*, then the pregnancy would continue beyond the full term of delivery, and the foetus dies in uterus. In such cases, try mild oleaginous medicines. Prescribe juice of *Utkrosa* bird and wheat paste with a large quantity of ghee. For seven nights, let her take *Masakalaya* (*Phaseolus Roxb.*), sesame, with infusion of unripe *Bael* (*A. gl. marmelos*); or let her take *Kulatha* pulse (*Dolichos uniflorus*) with honey and *asafo* of flowers. If still undelivered beyond proper time, then let her strike with a pestle on rice kept in a wooden mortar; or she may

be allowed to drive in a carriage on an uneven ground. If the fœtus becomes dried by *Vayu*, the uterus does not distend the abdomen, the fœtus moves slowly, and in such cases use nourishing diet, as milk or meat juice. If by the deranged *Vayu*, the sperm and ova, *i.e.*, semen and blood, be deranged, then instead of the formation of the fœtus, abdomen becomes simply tympanitic, and sometimes that condition subsides by itself. If it thus subsides, the common people say that the fœtus has been stolen by *Naigameya*. But sometimes it remains in an undeveloped condition, then it is called *Nagoderia*. In such cases you should treat her by mild olenagius medicines.

व्यवस्थितं च गर्भे गच्छेन्नोदुस्वरशलाटुसिद्धेन पयसा भोजयेत् ।
अतीते लवणस्नेहवज्ज्याभिर्यवागूभिरुद्दालकादीनां पाचनियोपसंस्कृता-
भिरुपक्रमेत यावन्तो मासा गर्भस्य तावन्त्यहानि । वस्त्युदरशूलेषु
पुराणगुडं दीपनीयसंयुक्तं पायशेदरिष्टं वा । वातोपद्रवगृहीतत्वात्
स्रोतसां लीयते गर्भः सोऽतिकालमवतिष्ठमानो व्यापद्यते तां मृदुना
स्नेहादिक्रमेनोपचरेत् । उल्कोशरससंमिश्रामनल्पस्नेहां यवागूं पाययेत् ।
भाषतिलविल्वशलाटुसिद्धान् वा कुल्याषान् भक्षयेन्मधु माध्वीकं चानु-
पिवेत् समरात्रं कालातीतस्थायिनि गर्भे विशेषतः सधान्यमुदूखलं
मृषलेनभिऽन्याद्विषले वा यानासने सेवेत । वाताभिपन्न एव शयति
गर्भः स मातुः कुक्षिं न पुरयति मन्दं स्यन्दतश्च तं हृंहनीयैः पयोभिर्मांस-
सरसैश्चोपचरेत् । शुक्रशोणितं वायुनाभिप्रपन्नमवक्रान्तजीवमाभ्यापयत्यु-
दरं तत्कदाचिद्यदृच्छ्योपशान्तं वैगमेयापहृतिमिति भाषन्ते । तमेव
कदाचित् प्रलियमानं नागोदरमित्याहुस्तत्रापि लीनवत् प्रतिकारः ।

Susruta Samhita, IV. 8.

A list of medicines to check bleeding and discharges in each month of pregnancy :—

First month—*Glycinhiza*, *Soka vija* (seeds of *Tectona grandis*),
Payasya (*Mimuseps Indica*), *Devadara* (*Pinus*
devadara).

Second „ —*Asmantaka* (*Coleus aromaticus*), black sesame,
Manjistha (*Rubia cordifolia*), *Satavari*
(*Asparagus racemosus*).

Third „ —*Vikradani* (*Vanda Roxburg*), *Payasya* (*Mimu-*
sops Indica), *Utpala* (*Nymphaea stellata*), *Sariva*
(*Ichnocarpus frutescens*).

Fourth Month—Hemidismus root, Sariva (*Ichnos fruit*), Rasna (*Vanda Rox.*) Padma (*Nelumbium speciosum*), glyceerrhiza.

Fifth „ — *Vrhati* (*Solanum Indicum*), *Kantikari* (*Solanum xanthocarpum*), *Kasmari* (*Gmelina arborea*), sunga bark, and ghee of milky trees.

Sixth „ — *Prsniparni* (*Uraria lagopoides*), *Vala* (*Sida acuta*), *Sigru* (*Moringa pterygosperma*) *Svadamstra* (*Tribulus terrestris*), *Madhuparni* (*Tinospora cordifolia*).

Seventh „ — *Srngataka* (*Trapa bispinosa*), *Visa* (*Nymphæ stem*), *Draksa* (raisins), *kaseru* (*Scirpus kysoor*), glyceerrhiza, sugar.

Eighth „ — *Kāpitha* (*Feronia elephantum*), *Vrhati* (*Solanum Ind.*), *Bael* (*Aegle marmelos*), *Patola* (*Trichosanthes dioica*), sugar cane, *Pindaluka* (*Dioscorea globosa*) root and milk.

Ninth „ — Glyceerrhiza, *Ananta* (*Hemidismus indicus*), *Devadaru* (*Pinus devadara*) boiled in milk.

Tenth „ — *Sunthi* (gingiber officinale) and *Payasya* (*Mimusops Ind.*) boiled in milk.

अत उर्द्धं भासानुमासिकं वक्ष्यामः ।

मधुकं शाकवीजञ्च पयस्या सुरदारु च ।

अश्वत्थकस्तिलाः कृष्णास्ताम्रवल्ग्वो शतावरी ॥

वृक्षादनी पयस्या च लता चोत्पलसारिवा ।

अनन्ता सारिवा रास्त्रापद्या मधुकमेव च ॥

वृहत्थी काश्मरी चापि क्षीरिशुङ्गास्वचो घृतं ॥

पृश्निपर्णी वला शिग्रु श्वदंष्ट्रा मधुपर्णिका ।

शृङ्गाटकं विसं द्राक्षा कशेरु मधुकं सिता ॥

वत्सै ते सप्त योगाः स्युरर्द्धश्लोकसमापनाः ।

यथासंख्यं प्रयोक्तव्या गर्भस्त्रावे पयोयुताः ॥

कपित्थवृहतीविल्वपटोलेक्षुनिदिग्विकाः ।

मूलानि क्षीरसिद्धानी पायसेद्भिषगष्टमे ॥

नवमे मधुकानन्तापयस्यासारिवाः पिबेत् ।

क्षीरं शुण्ठीपयस्याभ्यां सिद्धं स्याद्दशमे हितं ॥

सत्तीरा वा द्वितीया शुद्धी मधुकं सुरदारु च ।

एवमप्यायते गर्भस्तीव्रा रुक् चोपशाम्यति ॥

Suśruta Samhita, IV. x.

If after a delivery, the next delivery occurs after six years, then the child becomes short lived. To treat any disease during pregnancy, prescribe emetic and purgative medicines with sweet and acid food ; and with her meals and drinks, mix mild corrective medicines, which should be mild, sweet, and must not injure her pregnancy. Other mild measures may be tried if they be not contra-indicated by the pregnancy.

निवृत्त प्रसवायास्तु पुनः षड्भ्यो वर्षेभ्य उर्ध्वं प्रसवमानाया नार्थाः
कुमारोऽल्पायुर्भवेति ।

अथ गर्भिणीं व्याध्युत्पत्तावत्यये ऋद्द्वेन्द्रधुरास्तेनात्रोपहितेनानुलोम-
येच्च संशमनीयञ्च मृदु विदध्यादन्नपानयोरग्नीयाञ्च मृदुवीर्यं मधुरप्रायं
गर्भाविरुद्धञ्च गर्भाविरुद्धाञ्च क्रिया यथायोगं विदधीत मृदुप्रायाः ।

Suśruta Samhita, IV. x.

There are four kinds of combinations to strengthen the body and sharpen the intellect. These are called *Prasa*. One of them may be prescribed for the child.

1. Gold Pulv., *Kustha* (*Saussurea Lappa*), Honey, Ghee, and *Vaca* (*Acorus calamus*).

2. *Matsaksaka* (Roots of *Amaranthus spinosus*, *Saikhapuspi* (*Conscora decussata*), Honey, Ghee and Gold.

3. *Arkapuspi* (*Gynandropsis Pentaphytta*), Honey, Ghee, Gold. *Vaca* (*Acorus Calamus*).

4. Gold Pulv, *Kaitarya*, Sweta (*Myrica Nagi*), (*Ipomoea digitata*), *Durva* (*Cynodon dactylon*), Ghee and Honey.

भवन्ति चात्र

सौवर्णं सुकृतं चूर्णं कुष्ठं मधु घृतं वचा ।

मत्स्याक्षकः शङ्खपुष्पी मधु सर्पिः सकाञ्चनं ॥

अर्कपुष्पी मधु घृतं चूर्णितं कनकं वचा ।

हेमचूर्णानि कैटयः श्वेता दूर्वा घृतं मधु ॥

चत्वारोऽभिहिताः प्रासाः श्लोकार्देषु चतुर्ष्वपि ।

कुमाराणां वपुर्ध्मधावलबुद्धिविवर्धनाः ॥

इति सुश्रुत आयुर्वेदशास्त्रे तृतीयं शारोरस्थानं समाप्तम् ।

Treatment of the Child.

If the baby be diseased, you should take into account the previous health of the baby, the nature of the disease, symptoms, etc. The circumstances of time, place, strength of medicaments, etc., should also be considered. The medicines prescribed for a child should be sweet, light, cold, and good-smelling, for sweetness is much liked by children and is well-adapted to their condition. If treated in this way, the baby would gain in strength, colour and longevity. These rules are to be observed up to the youth of the child.

If the child be breast-fed, mild medicines in proper doses may be given to the mother or nurse with milk and *ghee*; but if the child lives on milk and rice, both the nurse and the baby are to be administered medicines. If the child takes as food, rice, etc., the baby alone is to be given medicines internally.

Doses of medicine.—If a breast-fed child is more than a month old, then the proper dose of medicine would be as much as could be retained on the two digits. If the child lives on milk and rice, then the dose of the medicine in the form of *kalka* would be about the size of a plum-seed. If the child lives on rice alone, the dose of the medicine would be about the size of a plum.

तृषु च यथाभिहितं मृदुच्छेदनोपमौषधं मातृया चरपस्य क्षीर-
वर्षिषा धात्र्याश्च विदध्यात् क्षीरान्नादस्यात्मनि धात्र्याश्चान्नादस्य कषाया-
दोनात्मन्येव न धात्र्याः । तत्र मासादूर्द्ध्वं क्षीरपायाङ्गुलिपर्व्वहयग्रहण-
सम्भितामौषधमात्रां विदध्यात् कोलास्थिसम्भितां कल्कमात्रां
क्षीरान्नादायकोलसम्भितामन्नादायेति ।

Mode of administration of medicines.—The medicines may be administered to a child suffering from *sannipatic* diseases in the form of a *kalka* applied to the breast for the first three days of the fever. If two *dosas* unite, *ghee* is beneficial. When sick, to allay thirst, the child must not be often suckled. Emetics and purgatives are not to be tried in diseases of children unless urgently called for to meet an emergency. If by the decay of the brain matter, the bone around the anterior fontanelle becomes depressed, and if the child becomes thirsty, and appears miserable in appearance, then prescribe *ghee* boiled with *ksira* or *Asvagandha* (*Withania Somifera*) to be used internally when cold, and externally by rubbing; cold water should be sprinkled on the child to rouse it. When by deranged *raju*, the umbilicus becomes tender, and flatulence

occurs, the disease is called *Tundi*. Treat that disease by medicines which cure *vaga*, in the form of oleaginous drinks, vapour and ointment. If the rectum be inflamed, use medicines to cure the complications of bile, especially by *Rasanjana* both internally and externally.

There are three groups of medicines recommended to be used to cure diseases, to increase the strength, and to sharpen the intellect of the child in the three stages of their growth.

येषां गदानां ये योगाः प्रवक्ष्यामि ऽगदङ्गराः ।

तेषु तत्कल्कसंलभो पाययेत् शिशुं स्तनौ ॥

एकं द्वे त्रीणि चाहानि वातपित्तकफज्वरे ।

स्तन्यपायाहितं सर्पिर्गिराभ्यां यथार्थतः ॥

नच दृष्णाभयादत्र पाययेत् शिशुं स्तनौ ।

विरेकवस्तिवमनानृत्ये कुर्याच्च नात्ययात् ॥

मसुलुङ्गक्षयाद्यस्य वायुस्तत्त्वस्थि नामयेत् ।

तस्य दृढदैव्ययुक्तस्य सर्पिर्मधुर्वैः शृतं ॥

पानाभ्यञ्जनयोर्ज्यैः शीताम्बुदेजनन्तथा ।

घातेनाभ्यपितां नाभिं सरुजां तुण्डिसंज्ञितां ॥

मारुतघ्ने प्रथमयेत् स्नेहस्वेदोषणाहनैः ।

गुदपाके तु बालानां पित्तघ्नीं कारयेत् क्रियां ॥

रसाञ्जनं विशेषेण पानाक्षेपनयोर्हितं ॥

1. Breast-fed child.—*Ghee*, *Siddharthaka* (white Mustard), *Brahmi* (*Herpestis monniera*), *Vaca* (*Acorus calamus*) *Satavari* (*Asparagus racemosus*), *Pippali* (*Piper longum*), *Payasya* (*Mimusops Indica*), *Sariva* (*Ichnocarpus frutescens*), *Haridra* or turmeric, *Apamarga* (*Achyranthus aspera*), *Mamsi* (*Nadostachys jatamamsi*), *Kustha* (*Saussurea lappa*), *Saindhava* (rock-salt) as infusion.

2. Rice and Milk-fed child.—*Glycerrhiza*, *Vaca* (*Acorus calamus*), *Pippali* (*Piper longum*), *Citraka* (*Plumbago zeylanica*), *Triphala* (3 *Myrobalans*) as infusion.

3. Rice-fed child.—*Dvipancamuli* (*Dasamula*, a tonic medicine prepared from the roots of ten plants), *Ksira* (*Mimusops Indica*), *Tāgra* (*Tabernaemontana coronaria*), *Bhadradaru*, (*Cedrus deodara*), *Marica* (*Piper nigrum*) Honey, *Vidanga* (*Embelica Ribes*), *Draksa* (*Vitis vinifera*), and the two varieties of *Brahmi* (*Herpestis monniera*) as infusion.

क्षीराहाराय सर्पिः पायसेत् सिद्धार्थकवचाभांभीपदस्यापामाग-
 शत वरोसारिवाराक्षीपिप्पलीहृद्रकुष्ठमैत्र्यवसिद्धं क्षीराहाराय
 मधुकवचापिप्पलीचित्रकत्रिफलामिष्टमन्नादाय द्विगुणमूनीक्षीरतगरभद्र-
 टारुमरिचमधुविडङ्गद्राक्षाह्वित्राह्वांसिद्धं । तेनारोग्यफलमेधायुषि-
 शिगोर्भवन्ति ।

If the child starts suddenly, if it is afraid and cries often, if it scratches its mother's or its own body with its nails, if it grinds the teeth, groans and yawns, stares upwards contracting the eyebrows, if it bites the lips or lather collects at the mouth, if the child is constipated and the faeces be hard, and cries pantingly during defæcation, if the boy becomes weak and discolored by late nights, if smell of fish, *chaya* (shadow) and lice be perceived in the child's body, and if the child does not take up mother's breast easily as before : all these are symptoms or signs of the bad influence of the planets. These will be described in details in the sequelæ.

अथ कुमार उद्विगते वस्यति रोदिति नष्टसंज्ञो भवति नखदंशनैधातो-
 मात्मानञ्च परिनुदतिदन्तान् खादति कूजति जृम्भते भ्रुवौ विक्षिपन्त्यूर्ध्वं
 निरौक्षते फेणमुद्वसति संन्दष्टौष्ठः क्रूरो भिन्नामर्वर्षा दीनार्त्तस्वरो निशि
 जागर्त्ति दुर्बलो स्नानाङ्गो मत्स्यच्छकुन्दरिमत्कुनगस्यो यथा पुरा
 धात्राः स्तन्यमभिरुषति तथा नाभिलयतोति सामान्येन ग्रहोपष्ट-
 ससणमुक्तं विस्तरेनोत्तरे वचनमः ।

General directions for the management of children.—Enjoy the touch of a child. Don't disturb the child's sleep suddenly, for that produces fear in the child's mind. Never raise the child high up in the air, or on the lap or shoulder for the *vayu* is deranged thereby. Never make the child sit, for child may be haunch-backed. The child is to be soothed down with thousands of sweet words, and anger must not be indulged in when dealing with children. In this way without any mental trouble, the child will flourish day by day, and will be courageous, healthy and cheerful in spirit. The child is always to be protected from draught, sun, lightning, deserts with scanty vegetation, low lands, shadowy places behind houses, poisonous and irritating plants, and other circumstances which may cause injury to the child. The child is never to be kept in an unclean place, in the air, in hot or airy sites, in the rains in an uncovered place, in a place full of dirt or smoke, or in watery damp lands.

So long as the child requires milk, only milk of cows and goats should be given in proper quantity. After six months the child can take boiled rice as a light nourishment, and they must be kept inside the house and carefully watched.

बालं पुनर्गन्धिषु शृङ्गोयान्नचैनं तर्जयेत् सङ्घसा न प्रतिबोधयेद्दि-
मासभयात् सङ्घसा नापहरेदूत्क्षिपेद्वा वातादिविधातभयाच्चोपवेशयेत्
कीकृमभयात् नित्यं चैनमनुवर्त्तेत प्रियशतैरजिघांसुः । एवमनभिहत-
मनास्त्वभिवर्द्धते नित्यमुदयसत्त्वसम्पन्नी नीरोगः सुप्रसन्नमनाश्च
भवति । वातातपविष्णुत्पभापादपलताशून्यागारनिम्नस्थानगृहच्छायादिभ्यो
दुर्ग्रहोपसर्गतश्च बालं रक्षेत् ।

नाशुचौ शिशुजिह्वा न नाकाग्रौ विशमे न च ।

नीलमासतवर्षेषु रजोधूमोदकेषु च ॥

क्षीरशालग्रतया क्षीरमाजं गव्यमथापि वा ।

दद्यादास्तन्य पर्याप्तैर्व्यासानां वीक्ष्य मातया ॥

यस्मात्सञ्चैनसङ्घं शाश्वतेषु हितश्च नित्यमवरोधरतश्च स्यात् कतरश्च
उपसर्गभयात् । प्रयत्नतश्च ग्रहोपसर्गभ्यो रक्षा बाला भवन्ति ।

Abnormal Presentations.

The ligaments of the uterus become loose by—

1. Sexual intercourse during pregnancy.
2. Fatigue caused by excessive riding or driving in a carriage or on horseback.
3. Fall or injury or pressure on the gravid uterus.
4. Abnormal attitude while sitting on a chair or lying in a bed.
5. Fasting.
6. Voluntary stoppage of urination and defæcation.
7. Unhealthy diet consisting of bitter, pungent and caustic food-stuffs.
8. Dysentery, indigestion, vomiting, and by the use of strong purgative medicines.
9. Abortion artificially induced, etc.

All these causes produce derangements of the *Samana vayu* (nervous equilibrium), which consequently causes disturbance in the uterus, the liver, the spleen and the intestines. Thus move-
ment is set up in the stomach, and the *Apana vayu* becomes inert and the following symptoms occur.—Pain in the sides of the body,

the bladder, the head, and the vagina, colic, pain, and retention of urine. The fœtus is thus destroyed. The fœtus also dies if there be premature discharge of blood.

If the fœtus be alive, and when after the intra-uterine growth is completed, it does not present itself at the outlet in proper position, or if its descent is obstructed by the *Apana vayu*, then the fœtus is called *Mudha garbha*.

These abnormal presentations are described to be of four kinds.—

1. *Kila*.—If the hands, feet and the head be directed upwards, and the trunk, pointing downwards, causes obstruction to its descent like a *kila* (wedge), the presentation is called *Kila*. It is the breech presentation of modern authors.

2. *Pratikhura*.—If one hand and one leg comes out with the head, and further descent of the fœtus is stopped, the presentation is called *Pratikura*.

3. *Vijaka*.—If one hand only presents with the head, the presentation is known as *Vijaka*.

4. *Parigha*.—If the os be obstructed by the fœtus like a bolt (*parigha*), the presentation is called *Parigha*. This corresponds to the transverse presentations of modern writers.

These are the four principal presentations. There may be other varieties of presentations, as when one or both the lower extremities are the presenting parts. In some cases the *sakthi* (thigh), trunk and pelvis obstruct the passages in a slanting direction. Sometimes the chest, back, or the sides of the body may obstruct the delivery of the fœtus. In other cases the head is obstructed at the margin of the os, and one or two hands may engage the passages. In rare cases the body is doubled upon itself, and the hands, feet and head present simultaneously. In a few cases one foot is in the outlet of the mother, and the other is directed towards the rectum of the fœtus. These are roughly the eight varieties of abnormal presentations. Of these varieties the last two are beyond treatment. In the other cases too if the patient loses consciousness, or be troubled with spasms, or suffer from *Yoni-samvarana* or *Makkal* (abscess in groin) disease, or dyspepsia, or loss of memory, then the surgeon is advised not to treat such cases.

As a fruit falls from its stalk in time by natural causes, so the fœtus is delivered in time by the separation of the placental attachment. And as fruits fall sometimes untimely, by the agency of worms, wind, and other external causes, so the fœtus is also delivered before time if some untoward accidents occur. Up to the

fourth month, it may often escape out through the discharges. From the fourth to the sixth month the fœtus is formed and is delivered.

Symptoms of a dead fœtus.—The woman who when pregnant cannot raise her head and who becomes shameless and wanting in decorum and who feels cold; when blue veins appear on her body; possibly she is suffering from the effect of the death of the fœtus, and she may die eventually. If the foetal sounds become inaudible, and if the signs of pregnancy disappear, if she complains of fœtid smell during respiration, if colic pains be set up in the womb, then the fœtus has died in the womb (uterus). The fœtus generally dies when the mother is afflicted with mental or accidental pain and also when she becomes diseased. If she is accidentally killed by a (*vastamara*) leopard, and if the fœtal pulsations be detected, then the fœtus is to be extracted by means of laparotomy without delay. Others explain that the term *vastamara* means "a contracted pelvis". In such cases laparotomy is advised to be performed to save the child.

Treatment.

The examination of the dead fœtus is a difficult procedure. For in such cases you are to be guided by the sense of touch alone and the uterus is in relation with many important organs, *e.g.*, the vagina, the liver, the spleen and the intestines. The hand is the sole instrument to be used, and you are to perform the various manipulations, such as pushing up (*utkarsana*), drawing down (*akarsana*), version or displacement (*sthanaparibartana*), cutting (*utkartana*), piercing (*bhedana*), tearing (*chedana*) pressure (*pidana*), straightening (*rjukarana*), laparotomy (*vidarana*) and other surgical operations by means of your hand alone. Therefore the permission of the husband must be secured first, and then you should proceed cautiously with your work.

The presentations of the fœtus in obstructed labour are described to be of eight kinds. But in nature there are three ways in which the fœtus is said to be obstructed (*Garbhasanga*), that is, when the head, or the shoulder or the pelvis is the presenting part at the os in a slanting direction. If you find the fœtus be living try to deliver it with care.

1. *Expectant treatment.*—

If you be unsuccessful in your attempt, you should repeat the *mantra* or the charm of the sage Cyavana :

इहामृतञ्च सोमञ्च चित्रमनुञ्च भामिनि ।

उच्चैःश्वराश्च सुरगा मन्दिरे निवसन्तुते । etc.

Suruta Samhita. V. xv.

2. Medical treatment :—

At the same time you must administer her proper medicaments. Vagbhata recommends us to rupture the foetal membrane to expedite delivery.

Position of the Patient.—If the foetus be diagnosed to be dead in the uterus, the mother is to be laid down in a slanting position. The head should remain in a plane higher than that of the pelvis, and the thighs are to be flexed. The pelvis is to be raised up by a bundle of clothes underneath her waist or pelvis.

3. Manual interference. —

Then prepare a paste of Dhanvan (*Grewia asiatica* var. *vestita*), *Salmali* (*Bombax malabaricum*) juice, *Giri mittika* (red ochre), and *ghce*, and annoint the outlets of the patient and the finger of the surgeon with it, and try to extract the foetus. If the legs present, pull by the legs steadily downwards and then deliver the child. If only one leg presents, you introduce the hand in the uterus, bring down the other leg and then deliver it. In the breech presentation, you must push the breech upwards and try to bring down the legs. In the transverse presentations, the lower half of the body is to be pushed upwards and the head is to be brought down to engage the os, and then deliver the child. In the shoulder presentations, the shoulder is to be pushed up and the head is to be brought downwards to the os. If one of the arms be the presenting part, you are to push the shoulder of the same side upwards and bring down the head to engage the os. The other two forms of presentations cause difficulty in the delivery.

4. Application of instruments :—

If you find it difficult to extract the child by your hands, try your instruments. But if the child be living, never use any instrument to kill the child, for in such cases both the mother and the child may die.

In cases of difficult delivery, use the Round-headed *Mandala* instrument or the Finger-knife to open the skull of the foetus, and then deliver gradually the flat cranial bones by extraction with a *Sanku* or crotchet. The foetus is then brought downwards, taking a hold on its chest or axilla. If you cannot pierce the head of the foetus, try to deliver it by a hook applied to the

orbital cavity or inside the cheeks. If the arm and the shoulder obstruct delivery, the shoulder with the arm is to be cut away, and the child then delivered. If the abdomen of the foetus becomes swollen by the formation of gas in the intestines as the result of decomposition setting in, you should open the abdomen first, extract the intestines, and then deliver the foetus (*Evisceration*). The mother is always to be saved by removing with the knife any presenting part that proves an obstacle to the delivery. The various kinds of presentations are caused by the deranged *vayu*, and expert surgeons should treat cases accordingly. Never neglect a dead foetus in the uterus of its mother, for she may die by the cessation of respiration. Always use the Round headed instrument in preference to *Vrddhipatra* for the latter instrument may injure the soft parts of the mother.

If any other accidents occur to the foetus, causing its death, you should extract it soon in the ways mentioned above. You may ask one of your assistants to press the sides of the mother and you deliver the foetus by the hand. Then make the patient shiver and rub her shoulders. In extracting foetus, always apply oil in the vaginal canal.

After treatment.—After the dead foetus had been extracted, sprinkle hot water on the body of the mother and apply oleaginous medicines in the vaginal outlet for the prevention of pain and to make the parts soft. Then to soothe her pain and to rectify any *dosa* or defect, let her take the following powder : *Pippali* (*Piper longum*) and its root, *Sunthi* (*Zingiber officinale*), cardamom seeds, assafoetida, *Bhargi* (*Cleodendron Siphonanthus*), *Yamani* (*Carum copticum*), *Vaca* (*Acorus calamus*), *Ativisa* (*Aconitum heterophyllum*), *Rasna* (*Vanda Roxburghii*) and *Cavya* (*Piper chaba*). These are to be powdered and taken with or without *ghee*; or their decoctions may be prescribed for her. She may then drink the decoction of the bark of *Saka* (*Tectona grandis*) tree, assafoetida, *Atibisa* (*Aconitum ferox*), *Patha* (*Stephania hernandifolia*), *Katuki* (*Picrorrhiza kurooa*) and *Gajapippali* (*Scindapsus officinalis*).

Then let her take oleaginous preparations for three, or five, or seven days; or prescribe *rasayana* or *ar sta* during the nights. Prescribe decoctions of *Sivisa* (*Albizsia Lebbek*) or *Arjuna* (*Terminalia arjuna*) as a gargle. If any other accidents occur, treat them accordingly. When the body is thus purified, let her take cooling foods; apply fomentation and oily applications every day

without getting displeased. Boil milk with medicines to rectify *vayu*, and let her take it for ten days. Let her take meat juice for ten days similarly. The treatment should be continued for four months; and then she will be purified, and become strong and healthy. Even then she may use *Vala* (*Sida cordifolia*) oil for application to the vagina, the mamma and to other parts of the body, and she may take it internally also.

Instruments.

In the Ayurvedic books, we find many instruments described under blunt and sharp instruments in surgical practice. As surgery included midwifery, the instruments to be used for its practice are also described under them. These instruments are :—

1. Tubular instruments for piles.
2. *Jonivraneksana* or vaginal speculum.
3. *Uttaravasti* or urethral, vaginal and uterine tubes, Catheters.
4. Instruments for fumigating uterus.
5. Cupping instruments.—*Ghati yanta*, *Alabu*, *Srngu*.
6. Swab probes.
7. *Garbha sanku*.—foetus or traction hook.
8. *Yugna-sanku* or Midwifery Forceps.
9. Abdominal Binder.
10. Suture materials
11. *Mandalagra* or round-headed knife.
12. *Vrddhipatra* knife.
13. *Mudrika* or Finger-knife.
14. *Suci* or needles.
15. *Antarmukha*, *Ardhacandra*.
16. Gold and silver knife to cut the navel cord.

As all these instruments have been described in detail with copious illustrations in the "*Surgical Instruments of the Hindus*" Vol. I and II, no description of the instruments are given here. Only we point out that the Midwifery forceps were known to the ancient Hindus as *Vesmi sanku* or *Yugnasanku* and these were recommended to be used for the extraction of living foetus. This instrument consists of two hooks joined together.

सं बद्धशङ्ख युगन्तो वैश्विशङ्ख प्रकीर्तितः ।

मृदुगर्भाद्विती सोऽपि प्रयोज्या गर्भशङ्खकः ॥

DYSENTERY AND ITS TREATMENT IN SIDHA SYSTEM

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It is very well known to the medical world that Dysentery is a specific infectious disease caused by many bacillæ and characterised by pain in the abdomen, slight fever, frequent passages of blood and mucus and constant desire for stools.

In the South Indian System (Sidha) of treatment, I have a confidential method of treatment (for dysentery) which I found written on palmyra leaves by our ancients of India in Tamil as poems. The medicine "Cooling Oil" was prepared in my South Indian Sidha Research laboratory and found effective in all the cases. This oil is not only effective in dysentery but also effective in ushna rogas, constipation, dyspepsia, diarrhoea, spermatorrhoea, piles, anaemia, disorders of the urinary tract and acts as a general tonic in all conditions of debility. The preparation of this best oil is told herewith.

In dysentery 'Cooling Oil' is advised to be given first and then Poongavi Sinduram. In some chronic cases Poongavi sinduram and Padikara Sinduram are used. Silajit pills are given to children for dysentery with fever. To stop the frequency of stools "Kattuvadi Pills" are found effective. The patient is advised to be at rest in bed. Hot applications or cooling oil application may be given if there is pain in the abdomen. Diet should be very simple. He can take Milk in small amounts, egg albumen, barley or rice water.

The composition of various medicines detailed in the course of treatment for dysentery.

(I) *Poongavi Sinduram* :—

<i>Tamil</i>	<i>Latin or English</i>	<i>Quantity</i>
Poongavi	Bolus Armenia Ruba	Equal quantities
Padikaram	Alum	grind together.

(2) *Cooling Oil* :—

Tamil	Latin or English	Quantity
Ponnanganni juice	...	4 measures.
Karisalanganni juice	Eclipha Erecta	4 "
Vallarai "	Hydrocotyle asiatica	4 "
Puliarai "	Oxalis corni culata	4 "
Manathakkali "	Solanum Nigrum	4 "
Agathi "	Agathigrandiflora juice	4 "
Vengayachary	Onion juice	4 "
Elumi champala "	Lime juce	4 "
Orilaithamarai	Viola Suffruticosa	4 "
Elaneer	Cocoanut water	4 "
Amanekkennai	Castor oil	12 "
Koshtam	Sauss. Urea lappa	4 Palams
Aelarasi	Cardamum	4 "
Jeeragam	Cumin seeds	4 "
Amukkaran	Withania Coagulas	4 "
Jatikkai	Nutmeg	4 "
Jatipatri	Arillus of the Nutmeg	4 "
Kadukkai Thol	Jetminilia Chebula	4 "
Athimathuram	Liquorice or Gly- cerrhiza Glabra	4 "
Rojamokku	Rose	4 "
Karkadagasingi	Rhus Succedanea	4 "
Kattalai juice	Aloe Indica juice	4 measures

Boil them till no traces of water are left behind.

Dose :—10 to 30 drops for children and 1 to 1½ drachms for adults in cow's milk or in decoction of cumin seeds. For dysentery, it is advisable to take it in butter milk, & there is no fever, daily thrice. If there is fever, take this in cow's milk or in breast milk. In other cases and as a tonic, this may be taken daily twice in cow's milk,

(3) *Padikara Sinduram* :—

Padikaram	Alum	10 tolas
Lingam	Chinnabar (Frying)	1 tola.

Dose :—For adults 10 grains in honey daily twice.

Also used for Pittaroga, Vomiting, Sleeplessness, malaria, Pitta jvra and Ushna jvra.

(4) *Silajit pills* :—

Silajit Vasmam	Silajit Vasmam
Amayottu Vasmam	Tortoise shell Vasmam
Vilampisin	Gum of the wood apple tree.

Grinding with the decoction of wood apple gum.

Size of the pill :—Like pepper (Milagu). Thrice daily for Children.

(5) *Kattuvadi Pill* :—

Jatikai	Nutmeg or (Myristica)
Machakai	Galls
Jatipatri	Myristica officinalis
Kirambu	Cloves
Koshtam	Sauss. Urelappa
Athimathuram	Liquorice
Athividayam	Aconitum Heterophilum
Apini	Opium (Purified)
Vilampisin	Gum of wood apple tree

Take equal parts ; powder and insert the powder into the pomegranate half riped fruit ; kavacha it with cowdung, burn and grind it in the decoction of Jathikai and then make pills of kumni size,

I hope my learned brothers would try to prepare and use the cheapest medicines in their treatment for the welfare of human lives and encourage our Indian System of treatment.

GHEE AS FOOD AND MEDICINE IN AYURVEDA.

BY

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Vernacular names :—

Latin.—Butyrum deparatum
Eng.—Clarified butter.
Bengali—Ghee, Ghiita.
Mar.—Tup.
Guj.—Ghee.
Tel.—Neyyi.
Can.—Tuppa.
Par.—Rokhnejadi.
Arabic—Samau, Dahanulbakar.

Synonyms in Sanskrit :—

Gritam	(that which melts)
Ajyam	(that which is used in Food)
Havih	(that which is poured in Fire)
Sarpil	(that which spreads)
Purodas	
Pavitram	(that which is sacred)
Navaneetakam	(that which is prepared from butter)
Ajam	(goats' ghee)
Toyadam	
Vanhibhogyam	
Pidham	
Amritam	(that which is like nector)
Abhigharah	
Homyam	(that which is used in homa)
Ayuh	(that which increases life)
Tejasam	
Jeevaneeyam	(that which prolongs life)
Bhojanarham	(that which is used as food)

Definition of a Sneha dravyam :—

The dravya is generally regarded as snehana (oily) when it is liquid (द्रव) (Fluidity is moistening), (सूक्ष्म) subtle (subtlety is the quality by which a thing can penetrate into the capillaries and channels of the body), (स्थिर) stable, (सिन्धु) oily (oiliness imparts a gloss and acts as an emmollient tonic, and cosmetic), (विष्णु) slimy (sliminess is vitalising, tonic, heavy as regards digestion and tends to produce Kapham and brings about the adhesion of fractured bones), (गुरु) heavy (heaviness produces langour, increases excrements, and is tonic, pleasing and flesh building), (शीत) cold (coldness is pleasurable, exercises styptic virtues, alleviates epileptic fits, thirst and a burning sensation of the body and arrests perspiration), (मंद) not pungent, and (मृदु) soft (softness is the opposite of sharpness i.e. it neither begets burning and suppuration nor arrests secretion.)

Superiority of ghee in the four varieties of sneha dravyam :—

The four kinds of sneha dravyam are ghee, fat, marrow and oil, Among those, ghee is considered to be the best because :—

1. Ghee when mixed with other drugs has got the ability of assimilating their properties, without losing its own.
2. When mixed agreeably in proper ways with proper substances, it becomes thousand kinds of energy and operates in thousand ways.
3. It is sweet (ghee and honey occupy the highest place in the list of all sweet articles, S. S. ch. XLVI), mild (not fiery) and is used even from the beginning of one's birth.
4. It is comparatively lighter than the rest of snehams.
5. It has got all the properties of a sneha dravyam.

Occurrence :—

Ghee is prepared in two ways ; one, by boiling butter, which occurs after churning the curd and another way is by clarifying butter formed out of churning milk.

Chemical Composition :—

Proteins in grms.	Fat in grms	Carbohydrate	Calories for oz.	Vitamines A B C D
—	23.10	—	208	+++---

Varieties of ghrītam :—

Eight varieties of ghee are mentioned in Nighantus. They are (1) cow's ghee, (2) ghee of a she goat, (3) ghēe of a she buffalo, (4) ghee of a she camel, (5) ghee of an ewe, (6) ghee of a mare, (7) ghee of a she elephant, (8) ghee of a woman. Among this group, Cow's ghee is considered to be the best according to many authorities. But according to Rajanighantu (सर्पिर्नहिषसुत्तमं) buffalo's ghee too is considered best. The general use in the country is only buffalo's ghee.

Properties of ghee (prepared from curd) in general :—

Ghee is sweet in Rasa (taste). You may as well ask, is it really sweet when tasted? But according to Ayurveda it is not necessary that it should be sweet to the taste. If any dravyam is pleasant, proves comfortable and contributes to the life preservation of man, keeps his mouth moist, and increases the quantity of bodily kaphm it is called sweet. It is saumya or cooling in its essence and potency, and sweet in digestion. It is said to be mild.

*Its prabhava or uses on various diseases :—*It slightly increases the slim secretion of the organs and acts as a lubricating moistner, quenching all undue heat. It is appetising and subdues Vayu and Pittam. It improves memory, intelligence, complexion, voice, personal beauty, amiability of features and the principles of strength in the body. It is beneficial for the juicy or liquid elements in the body, vitalising, spermatopoetic and heavy. It is foremost of oily substances. It improves the eyesight, increases the quantity of bodily Kapham, and the duration of life. It is sacred and is regarded as an appeaser of adverse fate. It eliminates poison from the body and wards off the invasions of monsters and demons. When mixed agreeably with the proper substances, it becomes endued with a thousand kinds of energy and operates in a thousand ways. Nighantu Ratnakara and Saligrama Nighantu say, it proves efficacious in Udavarta, insanity, epilepsy, colic, fever (Purana) and distention of the abdomen from suppression of stool and urine, also in kshata kheena, erysepelas, Burns, wounds etc. It destroys Ajeerna, indigestion, phthisis, Raktapitta, and Rakta dosha. It is beneficial in eye diseases, uterine disorders, head diseases, dropsical swellings, Niramavatajwara, Amadosha, and its prakopa,

fever due to indigestion and grahani, it is beneficial to those that have dry bodies.

Cow ghee :—

Cow's ghee is sweet in digestion and cold in its potency. It subdues the deranged Vayu and Pittam and serves to eliminate poison from the system. It improves the eyesight and possesses the excellent tonic and invigorating properties. Cow's ghee is the best of all kinds of ghee. According to Dhanvantari Nighantu, it improves Agni, strength, prolongation of life. It is beneficial for children and old people and in kshataksheena, Parisarpa and in surgery. It improves complexion, delicacy of the constitution. Raja Nighantu says, it subdues Vayu and Sleshma, reduces tiresomeness, gives pleasure to the heart and is beneficial in Pitta. It is the best of all ghees, and is endowed with innumerable properties. Ayurveda sutram says "गोघृतं सर्वरोगहरं", cow's ghee cures all diseases. According to Saligram Nighantu, it is Rasayanam and spermatopoetic.

Buffaloe's ghee :—

It is sweet, heavy in digestion and proves remedial in haemoptysis. It is cooling and increases the quantity of bodily kapham and subdues the deranged Vayu and Pitta. Raja Nighantu says that buffaloe's ghee is the best of all. He says, it improves memory, complexion, strength and beauty. It subdues Vayu and Pitta, is beneficial in disorders of grahani, and eye-diseases. It improves mandagni and such ghee, if newly prepared, gives pleasure to both body and mind. According to S. Nighantu, it is sweet in reaction and spermatopoetic.

Ghee, its varieties and their properties :—

1. Newly prepared Ghee :—It is beneficial in loss of strength, in meals, and in tarpanam, in eye diseases, kamala and Pandu, Phthisis and diseases of Pitta. It is also beneficial in tiresomeness. It is contraindicated in cases of fever, Vibandha, Visuchika, indigestion, disgust for food, Panatyaya and in Madatyaya,

2. *Kshira ghritam* :—Butter, churned out of a thickend milk and clarified, is astringent and proves beneficial in eye diseases, haemoptysis, epileptic fits and vertigo.

3. *Ghrta Mandam*.

The condensed upper stratum of clarified butter acts as a laxative, cures aching pain in the vagina, ears, eyes or in the head

and is recommended to be used *as an errhine, an enema or as eye drops*,

4. Old ghee (ghee that is not new).

Old ghee is laxative and pungent in digestion. It subdues the three bodily humors. It proves curative in epileptic fits, obesity, insanity abdominal dropsy, fever, chemical poisoning, oedema, hysteria, and in aching pain in the vagina, ears, eyes or head. It is appetising and is recommended to be used as eye drops and enema and for streptatory purposes. It proves curative in Timira dyspnoea, catarrh, fever, cough, epileptic fits and kushtam, in cases of poisoning, mental aberration, hysteria ascribed to the influence of malignant planets. According to Raja Nighantū, it is a cleansing and healing agent of wounds, improves longevity, memory, strength, complexion and delicacy. It is good in childhood, strength giving in middle and old ages. There is no better medicine in this world in point of medicinal properties than this.

Old ghee becomes superior in respect of its virtues and effects in consequence of its place (and vessel) in which it is kept.* Its taste becomes pungent and bitter. Ghee that is ten years old becomes possessed of a keen scent. That ghee, which (in consequence of its age) assumes the aspect of the solution of a lac, becomes possessed of very cooling properties. It becomes capable of dispelling all kinds of evil spirits and astral influences. Ghee that is olden is regarded as highly sanctified. Such ghee is foremost of the purgatives. There is nothing which ghee, that is a hundred years old, cannot effect. Such ghee, only seen, smelt or touched, dispels all calamities caused by evil spirits and malignant astral conjunctions (Ch. Chi. Ins.)

Kumbha grhitam—

It is ghee matured from eleven to hundred years, It is said to be possessed of the mystic potency of warding off the invasion of monsters.

Maha ghritam—

It is older than Kumbha ghritam. It is highly efficacious, sacred and specially curative in the diseases known as Timira. It acts as a prophylactic against the malignant influences of all

*Clarified butter that is kept in a vessel of Indian bell metal for ten consecutive days should be rejected as unwholesome.

evil spirits and baneful planets and *should be taken by men in whom* Vayu predominates. It subdues the deranged Kapham, and improves the strength and intellect.

How to use ghee as food and medicine :—

Ghee may be taken with rice, or with ointments and plasters or both or with meat or with milk or with curds or with gruel, or with barley or with soup or flesh, or with potherbs or with ordinary gruels or with those called *kamvalikas*, or with those called *khada*, or with flour of barley, or with cakes of sesame, or with limes, or with some semi-liquids as are licked up with the tongue, or with solid food or with liquids used for rubbing the body, or with enemata, or with things used as snuffs, or with washes or as colliria for the eyes.

Action of ghee on Vata, Pitta and Kapha :—

Ghee subjugates Pitta in consequence of its being possessed of the properties of sweetness, coolness, and mildness since Pitta is not sweet i.e. hot and fiery,

Ghee subjugates Vata in consequence of its being possessed of the properties of oiliness, heaviness and stability, since Vata is not oily i.e. dry, light, and visadam.

Sweetness, oiliness, heaviness, coldness and sliminess form the specific properties of Kapham. Ghee, the best of all sweets, which is possessed of the same properties as the Kapham, respectively increases the sweetness, oiliness, heaviness, coldness and sliminess of the latter with the help of similar properties of its own.

One should not take ghee when one's Pitta only has been excited, especially when one's Pitta as exciting with indigested food has been excited. Ghee taken under such circumstances would spread over the whole body and bring about death itself.

When the Pitta increases, one should lick the ghee; when the Vata increases, one should drink it. Licked, it extinguishes the Pitta, a little of it entering the system. Drink, it attacks Vata, at the same time it does not extinguish the digestive fire.

Why oily dravyam is essential for a body :—

A sneha dravya or an oleaginous substance forms the essential factor of the physical organism, and the self-conscious animated element (which contributes strictly to its vitality and makes life possible) abound in oleaginous principles. Both

are consequently in constant want of a sneha. These oily substances are enjoined to be administered in food, drinks as well as in Anuvasana etc.

Ghee as Food :—

In India, ghee is one of the commonest articles of food of a man from his cradle to grave. Western medical practitioner knows very little of ghee, and that too as a fat. Dr. J. Neil Leith in his book "Dietetics in warm climates" writes why ghee is an essential food in India. He says, "If the staple article of food is wheat, there may be a deficiency of fat, this should be made up by taking butter or ghee. Rice does not contain enough fats and therefore the rice diet must contain butter, ghee or vegetable oils." If what Dr. Leith says is true, why should we take ghee with fatty foods like flesh etc. That is not the real reason. If we look into our ancient sastras we find, that one should take food that is oily. "Food that is oily while being eaten causes perspiration, when the eating is over it excites the digestive fire. Such food is soon digested, causes the Vata to move in its natural directions. It renders the growth of body stable. It generates strength as also excellence of complexion." (Ch. Vim. Ch. 1.)

It will not be an exaggeration to say that for the want of this knowledge western doctors are the cause of enlargement of liver and other diseases of children in large numbers, by generally prescribing those biscuits and artificial foods which are devoid of this oily substance. We generally see in our houses that although children can digest cakes or sweets cooked in ghee they are not able to digest even supposed light nursery biscuits of the market. This is a thing every body ought to investigate. Use of ghee as food and medicine begins from the time of birth. Immediately after birth, the child's mouth should be cleansed with ghee and rock salt. For the first three days after birth, it should be fed on its handful of ghee and honey, the best of sweets. And it is a well known fact that mothers generally give more ghee for children with their food. As Dr. Leith says, ghee is mostly consumed by Brahmins in India, which may be considered as one of the factors for their being highly intelligent, as is supported by our Nighantus' घृतेन वर्द्धते बुद्धिः. The ghee is such an important article of diet that a proverbial saying goes to say that "कणकं कृत्वा घृतेन पिवितुं"—one should drink ghee even by making debts.

1. Rice boiled and cooked with ghee or any such fatty substance as well as with meats forms a rich and heavy food which helps to build up new tissues and imparts strength and rotundity to the body.

2. The meat which has been fried with ghee and then boiled in warm water and afterwards prepared dry with condiments should be considered as a toothsome, exhilarating, emulcent food, though heavy of digestion. It imparts firmness to the limbs and increases a relish for food, improves the appetite and intellect, builds up fresh tissues, gives rotundity to the frame and produces an increased quantity of semen and ojas in the organism.

3. Confectionery fried in ghee has an agreeable taste and aroma, is light, spermatopoetic, and tonic, subdues Vayu and invigorates the eye sight.

4. The variety of shulyam (cabot) prepared with ghee should be regarded as light, appetising, agreeable, relishing, beneficial to the eyes and cooling in their potency. They also subdue the Pittam and are pleasant to the taste.

5. The variety known as ghrita puras (articles of food prepared by putting ghee) is strength-giving and agreeable. It subdues Vayu and Pittam, is spermatopoetic and heavy of digestion and tends to create new flesh and blood.

(To be continued.)

Reports of Societies etc.

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ALL INDIAN MEDICAL CONFERENCE

Constitution of Medical Council

MUST BE ON POPULAR METHOD OF SELECTION

"We hope and trust that members of the Assembly will not forget that the members of the Medical profession insist that the methods of education and instruction to the students, the control of the conduct of the medical practitioners, the method in which the public health and sanitary administration should be carried out should be under the supervision and direction of a medical council formed upon a popular method of selection," said Dr. B. C. Roy, Chairman of the Reception Committee of All-India Medical Conference at the conclusion of the Conference at the Town Hall. The Conference came to a close after a dinner party attended by 500 people, including all leading members of medical profession organised by the Reception Committee to meet the delegates.

Dr. B.'C. Roy in conclusion addressing the delegates said :—

A POPULAR COUNCIL

DR. B. C. ROY'S FAREWELL REMINDER

The Eighth Session of the Indian Medical Conference is about to close. Meeting and parting are the two incidents with which we are all too familiar. We come together on the tip-toe of expectations. We hope to enjoy the full benefits of our association and we have a corresponding regret at the time of parting. So is the case in the present instance. Delegates from different parts of Bengal and of India have come—some have travelled long distances—to take part in the deliberations of the Conference. I, on behalf of the Reception Committee, thank these delegates for the trouble they have taken in coming here and giving us the benefit of their experience and sacrifice. Their anxiety to meet us only shows how keenly they feel about the problems that face the medical profession to-day. We are going through rapidly changing circumstances. In common with the rest of the people, the members of the medical profession have to face them with faith, hope and courage. The Conference has discussed the various questions affecting the medical profession and the public—notably the Indian Medical Council Bill. They have come to some definite resolutions and decisions regarding it. It is to be expected that the views of the Conference will be given due weight by the members of the Assembly who are now considering the bill. We hope and trust that members of the Assembly will not forget that the members of the medical profession insist that the methods of education and instruction to the students, the control of the conduct of the medical practitioners, the method in which the public health and sanitary administration should be carried out, should be under the supervision and direction of a medical council formed upon a popular method of selection. If the civil administration of the country is, as it is going to be handed over to the people, the medical department of the administration also should be based upon a system of popular control.

A DEFINITE DECISION

TWO TYPES OF PRACTITIONERS

The Conference has also come to a definite decision regarding the existence amongst us of two types of practitioners, of two types of students, of two systems of instruction. They have, by a very large majority, come to the decision that there should be only one system, there should be only one group amongst the medical practitioners. This oneness does not signify that every member of the profession would have the same mental and physical equipment to do his work. It does not indicate that there should be no difference in the instruction given in

one institution as in the other. It does not mean that all practitioners would be brought down to the same dead level. It only means this that all medical students should have the same opportunities to go to the highest rung of the ladder, without being designated all through his life as if he were an inferior person. The inferiority complex should disappear from the profession. The social and economic conditions of the people will soon operate in a way which will adjust the practitioners in different groups but watertight compartments should not be made in which practitioners should be kept segregated one from the other. The Conference has agreed to regard this group of "Native Daktar" as a relic of the past system of medical administration, which, I am glad to say, is fast disappearing. The Conference also gave expression of its views regarding the method in which the medical sanitary administration of the country, Medical Research Institutes and the Central Indian Research Fund Association are being conducted by the present Government. We have deliberated on these series of topics for three days and have come to definite conclusions.

SCIENTIFIC SECTION

CREDITABLE ACHIEVEMENTS

While the Conference has been discussing the topics of general interests to the profession, the Scientific Sections have done their own work very successfully. Over 89 papers on different subjects were discussed at meetings presided over by experts in the various departments. I would thank the members who contributed various papers and those who took part in discussions and particularly those who guided them for giving the Conference their help. They have done the work at tremendous sacrifice and at a very short notice and we hope and trust that in future the Scientific Section will bulk large in the future sessions of the Conference.

THE EXHIBITION

The Exhibition forms a very remarkable feature of the Conference. At a very short notice the Secretaries have been able to gather together a large number of representative firms and institutions to exhibit their products which shows us how India is capable of helping in the treatment of diseases and to what extent we have still to develop in comparison to the manufacturers of the West. This exhibition cannot but be regarded as a very interesting and helpful feature of the Conference.

DR. K. S. ROY

PRIMARILY RESPONSIBLE FOR SUCCESS

Before I conclude I have got to express on behalf of the Reception Committee our sincere thanks to those members of the profession who

at considerable sacrifice of time and at great expense and trouble have helped towards the success of the Conference. First of all and foremost amongst them I have to name the Secretary, Dr. K. S. Roy with whom is associated the name of our Co-Secretary, Dr. Santiram Chatterjee. Dr. Kumud Sankar Roy has been mainly responsible for the success of the Conference in more senses than one. He not only has ideas in his head but he gives shape to them and with his friends and followers puts them into practice and he succeeds. I cannot but name a few of the other members. Dr. Jatindra Nath Basu has given his untiring labour for the success of the Conference ; Dr. Amulya Ukil and Dr. Hemendra Nath Ghose, have worked in their way untiringly for the success of the Conference. Dr. Rajat Sen and Dr. Krishna Prasad and Dr. Anil K. Chakravarty have kept up long hours at night in order to see that the Conference becomes a success and the guests and the delegates get the comforts which are their due. Dr. Hemendra Nath Roy have done yeoman's service in making the exhibition a success. I have to thank Lt. Bejoy Prasad Singha Roy, Minister of Local Self-Government, Bengal for associating himself with the activity of this Conference and opening the exhibition. I now ask you to pass on to the next item of business—the consideration of the Bill—The Bill of Fare devised, prepared, distributed by the caterers, "The Imperial Restaurant", I will ask you seriously to consider the Menu, to earnestly make researches in the various items therein and the ingredients with which they are prepared.

THE RESOLUTIONS

IMPROVEMENT OF MEDICAL EDUCATION

At the final sitting of the All-India Medical Conference following resolutions were passed :—

That this Conference is of opinion :—

(a) that the preliminary qualification for admission to all medical institutions should be the intermediate science examination certificate of different Indian Universities or its equivalent.

(b) that it is urgently necessary to improve the equipment and standard of education in the Medical Schools so as to approximate the same to that of the Medical Colleges of the University standard.

(c) that in the meanwhile the Conference strongly recommends :

(i) that the training of the licentiates should be improved by

(1) extending a period of instruction in the Medical Schools to at least 5 years throughout India.

(ii) the better equipment of schools, and

(iii) the appointment of better qualified teachers therein.

(2) that facility should be given to the Licentiates to enable them with further supplementary training to appear at the University examinations for medical degrees, and

(3) that a Committee of eminent medical men be appointed by Government to go into the whole question and report at an early date.

11. (a) That this Conference is of opinion that the Universities of India should take immediate steps to make Pediatric medicine a subject for special study with a definite curriculum.

(b) that the Conference is of opinion that it is high time that provincial and local administrations should pay immediate attention to organising health Associations throughout the country for purposes particularly of spreading knowledge of general hygiene and maternity and child welfare and provide necessary funds for these activities of theirs and making popular associations an essential point about these activities.

(c) that this Conference is of opinion that immediate provision should be made in Medical College and schools for the scientific study of indigenous therapeutics and pharmacology by (1) establishing clinics and (2) organising research work in indigenous drugs.

COMBATTING MALARIA

14. (1) That the Govt. be asked to help financially and by expert advice all such village organisations as are working on scientific lines for combatting malaria in Bengal and other places.

(2) That intensive anti-malaria work be undertaken in selected areas to serve as models for all centres.

(3) That Govt. should encourage field work for the identification of the carrier species of mosquitoes in India and for the study of the habits of such mosquitoes.

15. That to procure adequate funds for the purpose of anti-malaria work this Conference urges upon the Government to earmark the sale proceeds of the Cinchona Alkaloid to be spent for the purpose of anti-malaria work alone.

16. That adequate and prompt anti-malaria work should be undertaken by the Health Department with honorary and voluntary organisations and where such are not available by local practitioners.

17. That there should be efficient co-ordination between Sanitary Department of the Government with various others of its Departments which may interfere with the health of the population, by their respective works.

18. That this Conference urges upon the Government to allow all plans for the construction of railway, excavation of canals, erection of dams or Bunds etc. to be submitted to the Sanitary Department to ascertain their views before giving final sanction.

FEES FROM HOSPITAL PATIENTS

21. That this Conference is of opinion that the practice of realising a fee from hospital patients would operate as a great hardship upon the

poor sufferers and urges upon the authorities to abandon such practice as far as possible.

22. That the recommendations made by the Conference which met at Simla in July, 1930 to discuss the location of the Central Research Institute of India with regard to the constitution of the Governing Body of the Indian Research Fund Association be given effect to at an early date

23. That this Conference learns with regret that no representatives of the independent medical profession has been taken on the Governing Body of the All-India Institute of Hygiene, Calcutta and that the Government be requested to add at least two distinguished members of the independent medical profession thereto.

24. That a Copy of the above resolutions be forwarded to the Governing Body of the Rockefeller Foundation, the Government of India and the Governing Body of the Indian Research Fund Association and the Director of the Hygiene Institute.

25. That the All-India Medical Conference is of opinion that the system of taking in post graduate honory. research workers in all the research Institutes of India, as exists in other scientific Depts. of the Universities of India as well as in Europe and America, should be introduced in India as early as possible. It is also of opinion that research scholarship from the Indian Research Fund Association should be given to meritorious workers who may subsequently be appointed as paid workers.

The conference thanked the Corporation for having permitted the use of the Town Hall for holding the Conference.

Next meeting of the Conference will be held at Patna during the X'mas.

DELEGATES ENTERTAINED

Messrs. B. K. Pal & Co. were 'at home' to the delegates in the afternoon at their Garden House at Dum Dum. Sir Hari Sankar Pal and other representatives of the firm were all attention to the guests who were shown round the factory and shown the various processes of the manufacture of the products of the premier firm. Guests passed quiet an enjoyable afternoon at the garden house.

The exhibition which is a special feature of the Conference drew a large number of visitors as on the previous days. The products of Messrs. B. K. Pal & Co., Messrs. Bengal Chemical and Pharmaceutical Works, Messrs. Bengal Immunity, Messrs. Proprietary Industries Co. who exhibited their product 'Iodemin' tooth paste, and tinctures, the various instruments imported by the Scientific Instrument Co. (a purely Bengalee firm), of Messrs. Adair Dutt & Co., the biscuits and kindred things manufactured by Messrs. P. Sett and Messrs. K. C. Bose & Co., drew the

special attention of all Foreign firms also occupied as prominent a place in the exhibition. Products of the well-known Nestle's Milk Co. Ltd., specially 'Lactogen' and Malted Milk were displayed prominently, and Dr. Naren Das representative of the firm did his best to impress the products upon the special attention of the visitors. Products of Messrs. P. Beiersdorf & Co. Hamburg, who are represented in Calcutta by Francis Klein, such as Lenco, Trico and Hansa plasts and a new digitalis production 'Pandgal' also drew attention. This is by no means an exhaustive list of the exhibition which owes its success to the untiring efforts of Dr. Hemendra Nath Roy.

NONE BLESS MEDICAL BILL

Perverted Aims

REJECT IF NOT MODIFIED

SEVERE INJUSTICE TO LICENTIATES

The proposed All-India Medical Council Bill came in for renewed and the most severe criticism at the second day's sitting of the All-India Medical Conference at the Town Hall.

Modifications of the Bill were urged with great emphasis and it was resolved that unless these amendments were adopted the medical profession in India would be justified in refusing to accept the Bill.

Sir Nilratan Sarkar, who presided, in asking Dr. Bidhan Chandra Roy to move the resolution referring to the Bill remarked that this was the resolution before the Conference.

Dr. Roy moved :

MAIN RESOLUTION

MEDICAL ASSOCIATIONS' VIEWS ENDORSED

That this Conference fully endorses all the recommendations of the Indian Medical Association in regard to the different provisions of the All-India Medical Council Bill. Particularly (a) regarding the Preamble of the Bill—so as to not only provide for the maintenance of a register of qualified practitioners but also to establish a uniform minimum standard of qualification for all the provinces of India ;

(b) regarding the composition of the Council, namely that the Council should have an elected President from the beginning and that the composition of the Council should be as follows :—

- (i) three persons to be nominated by the Governor General-in-Council ;
- (ii) one person to be elected by the provincial Committee from amongst members who have been elected to this body ;
- (iii) one person to be elected by the members of Senate or University Court of an Indian University with a Medical Faculty .

(iv) one person to be elected by the medical practitioners resident in a province in India and registered in a provincial Medical Register and who possesses any qualification, granted or recognised, by an Indian University or who possesses any recognised medical qualifications under amendment of Section 18 of this Bill.

(v) one representative of Licentiates registered in each provincial medical register.

(c) regarding reciprocity—the India Medical Council should be free to accept the medical degrees of those countries only which accord the same privilege of recognition to the Indian medical degrees and that the British degrees should not be automatically recognised by inclusion in the second schedule.

OBJECT OF THE BILL

PREAMBLE IN CLASH WITH SIR FAZLI'S STATEMENT

In moving the resolution Dr. Roy said that Sir Fazli Hossain, member in charge of the Bill, in his press interview had attempted to give a totally different version to the aims and objects of the Bill than what was contemplated by the preamble of the Bill. The preamble stated that the object underlying the Bill was to establish a uniform minimum standard of qualification to be recognised by the provinces in British India, whereas Sir Fazli was stated to mean that the Bill was for the purpose of recognition "by other countries as conforming to international standard."

The word 'international standard,' said Dr. Roy, did not convey any meaning at all. The Conference which was called by the Government in 1930 to discuss the Bill made it perfectly clear that the purposes of the Bill should be to put their house in order and develop their own system of instruction and their own method of examination in medicine.

CONSTITUTION OF COUNCIL

Proceeding Dr. Roy dealt with the constitution of the Council. The proposed bill, he said, sought to give a predominating majority to the Government. The Bill obviously affected the medical practitioners vitally and so they protested against a constitution which gave such a predominating majority to the Government.

MATTER OF RECIPROCITY.

The British Medical Act of 1889 laid down the principle of recognition of the degrees of those countries which gave equal recognition to the qualification of the registered medical practitioners of the United Kingdom. So it was essentially a question of reciprocity. And the question of recognition of Indian degrees was only a minor issue. British degrees should receive the same consideration at the hands of the India Medical Council as the British Medical Council would be disposed to accord to Indian Medical degrees.

INDIA AND ENGLAND

GREATEST INJUSTICE TO LICENTIATES.

Capt. P. B. Mukherjee of Patna in seconding the resolution said that if the Medical Council in England on which the Medical Council was going to be modelled could do with 13 p. c. Government representation why the India Government should claim 41 p. c. and while in the former case the Universities had 71 p. c. representation, in India only 8 p. c. representation was offered to the Universities. Besides in England, a much smaller country, the size of the Council was 38, why should they not have a bigger body here? They should have a much more democratic body than the Bill proposed and run on lines like those of Great Britain.

And lastly the licentiates should be recognised by the Council.

Dr. A. D. Mookherjee said that the Bill by seeking to debar 25,000 licentiates who formed the largest section of medical practitioners and on whom devolved the major portion of work of rendering medical aid to the masses, greatest injustice was going to be perpetrated.

Dr. D. de Silva of Jubbulpur in supporting said that if they considered that the house they were asked to dwell in was inadequate, they had every right to refuse to enter it, nay, demolish it to the ground.

ANOTHER HALTER.

Dr. K. S. Roy in according his support to the Bill said the Bill had received the blessing of the General Council of Great Britain. The members of certain service who controlled the medical policy of the Government of India were in the good books of the General Council of Registration. So a Bill directed by people in charge of the medical administration commanded the approval of the General Council.

Further, the officialisation of the Council showed the hollowness of the character of representation of the non-official element. The constitution of the Council as proposed was highly objectionable. It was another halter round their neck and they should not fall into the trap.

GENESIS OF TROUBLE

Dr. N. N. Basu said that the trouble arose since one of their graduates within three months succeeded in getting into I. M. S., when it was found that Indians could compete to tighten the screw more firmly so as to curb the opportunity of acquisition of money and prestige by Indian medical practitioners.

Dr. Thasker of Bombay, Dr. Ram Sing of Amritsar, Dr. Krishnan of Madras, Dr. P. C. Roy, Rajat Sen and others supported the resolution which was passed unanimously.

Also following resolutions were passed by the Conference :—

PROPOSED AMENDMENTS

ESSENTIAL FOR SUCCESS OF BILL.

That in view of the fact that the amendments proposed by the Indian Medical Association are fundamental to the successful working of the Bill, this Conference adopts them and authorises the Indian Medical Association and other medical associations in India to take necessary steps to get these amendments accepted by the Legislative Assembly.

REJECT IF NECESSARY

This Conference is further of opinion that unless these amendments are adopted, the medical profession would be justified in refusing to accept the Bill.

MISLEADING STATEMENT.

This Conference is of opinion that the statement to the press given by Sir Fazli Hossain is misleading as the object underlying the Bill as mentioned in the Preamble is to establish a uniform minimum standard of qualification to be recognised by the provinces in British India and not (as stated by Sir Fazli Hossain) for the purpose of recognition "by other countries as conforming to international standards."

This Conference strongly disapproves the custom of demanding countersignature of the Civil Surgeon on certificates granted by the registered independent medical practitioners, as it casts a great slur on non-official members of the profession.

Those provincial Governments who have not yet introduced the system of honorary Visiting Medical Officers in Govt. hospitals and in teaching institutions should forthwith introduce the same.

This Conference urges upon the Govt. the immediate necessity of placing the mofussil hospitals under the charge of honorary Medical Officers, particularly in the interest of economy.

BUY SWADESHI

This Conference emphatically urges on all medical practitioners in India to encourage the use of drugs, sera, vaccines, surgical dressings, surgical instruments and other appliances of Indian manufacture as far as possible.

This Conference urges on the profession and public the necessity of encouraging the development of drug farming in India.

PRELIMINARY QUALIFICATIONS

This Conference is of opinion :—

- (a) that the preliminary qualification for admission to all medical institutions should be the intermediate science examination certificate of different Indian Universities or its equivalent

(b) that it is urgently necessary to improve the equipment and standard of education in the Medical Schools so as to approximate the same to that of the Medical Colleges of the University standard,

(c) that in the meanwhile the Conference strongly recommends ;

(1) that the training of the licentiates should be improved by

(i) extending a period of instruction in the Medical School to at least 5 years throughout India,

(ii) the better equipment of schools, and

(iii) the appointment of better qualified teachers therein,

(2) that facility should be given to the Licentiates to enable them with further supplementary training to appear at the University examinations for medical degrees, and

(3) that a Committee of eminent medical men be appointed by Government to go into the whole question and report at an early date.

That this Conference urges the necessity on the part of Indian Universities to inaugurate education in Dentistry and secondly, that in the Indian General Medical Council Bill now before the Legislature a clause be added with regard to the registration of properly qualified surgeons.

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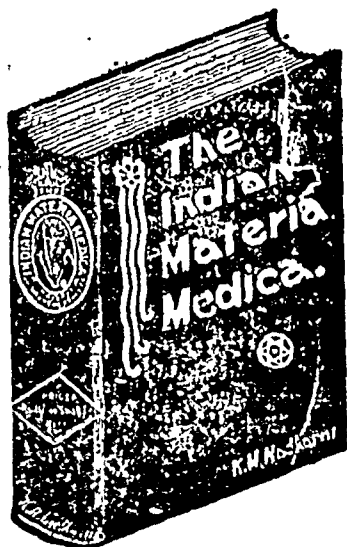
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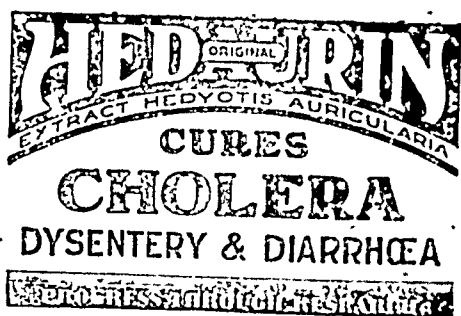
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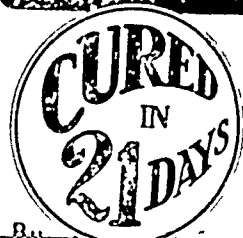
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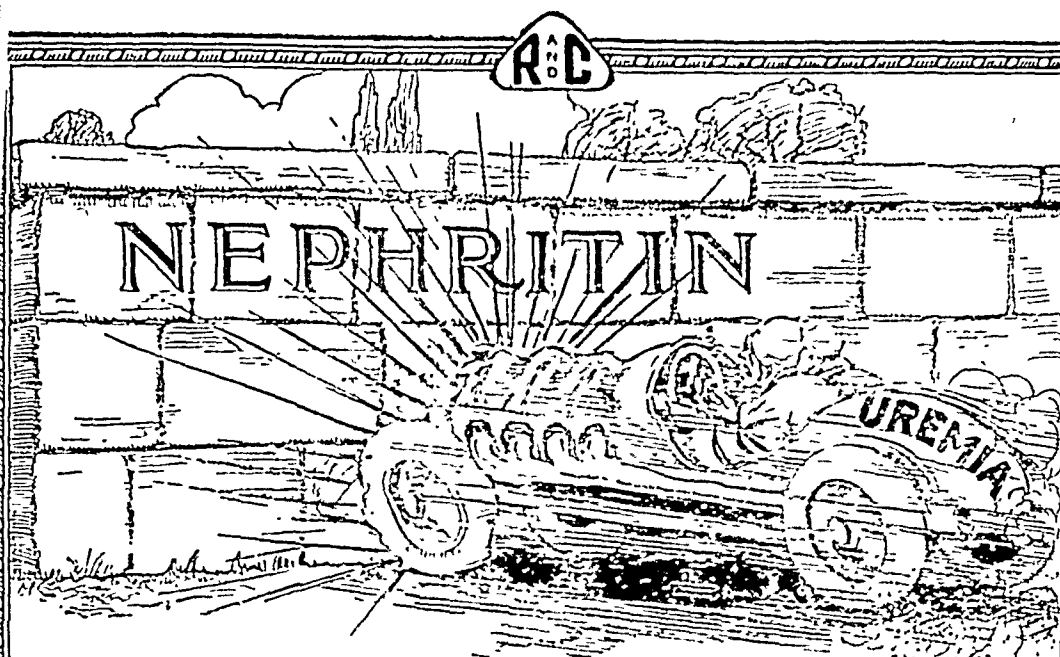
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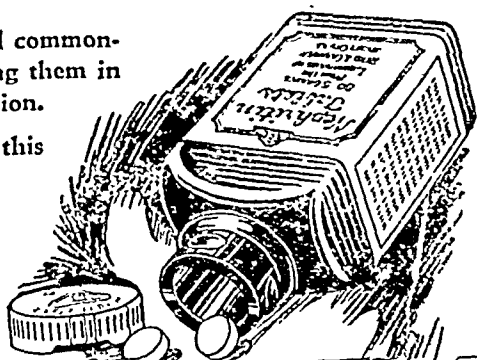
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There is usually a good reason for long established customs and it is quite likely that infant marriage was necessary and justifiable under the conditions which existed in ancient times. When war, disease, and famine levied a huge toll on the population, the best chance for survival of a family or race lay in the production of large numbers of offsprings at the earliest possible moment; but changing conditions call for changing customs and it is only those who adapt themselves to the existing environment have a chance of success.

The reluctance to investigate the whole problem is due in part to a failure to recognize the gravity of the situation, but it is due even more to the fatalistic view that nothing can be done except to let Nature take her course. Palliatives are prescribed from time to time when certain symptoms obtrude themselves, but no serious effort has yet been made to discover the real causes of the malady and to devise a rational course of treatment.

The question may be asked. Have the medical and other scientists any reason to believe that a remedy can be found? The reply is emphatically, yes. But only under certain conditions; these are that the complicated disease should be thoroughly studied by competent experts working in close consultation with one another. Having made a diagnosis and agreed on a line of treatment, the specialists must convince the patient that their diagnosis is correct and persuade him to adopt the long course of treatment which is essential.

It is quite certain that the remedy will consist in education, especially of the boys and girls, but the system of education must be devised after a most careful study. The education must be directed towards the definite object of instructing the children in such a way that they will learn how to plan their lives so as to obtain the best chance of a satisfactory existence. The cure will take a long time, but the longer it is delayed, the more terrible

We need not look so far back nor so far afield as Ireland to appreciate the nature of our own problem. Every one of us has numerous examples before his eyes of the impossibility of giving children a reasonable start in life when the unfortunate young parents have to rear a family of five or six on an income which would barely support the father and mother in a proper state of nutrition.

It is essential to attack the root of the evil and this can only be done by teaching the people how to plan their lives in accordance with the dictates of reason. In India, more children find themselves embarked on the responsibilities of parenthood under conditions in which it is quite impossible for them to succeed. They and their infants are doomed to a despairing attempt to keep body and soul together. The same kind of struggle exists in the middle-class families, a more poignant drama because the actors in it realize that they have not had a fair chance.

We have never advocated contraception as the one solution of the problem, adds the *Gazette*. Our point of view is that certain hard facts have to be faced, and we have shown that some countries have achieved success by delayed marriages and celibacy, others by contraception. It seems clear that the people of India are faced with three possible lines of action :—

The adoption of later marriages and celibacy ;
The practice of contraception ; or

The continued propagation of surplus infants with the inevitable result that the population will be restricted by disease, famine, and war.

The first and second methods seem to be the only satisfactory solutions and it is open to everyone to choose whichever of these is in keeping with his religious beliefs or inclinations ; there should be no dictation or compulsion of any kind.

There is no need to worry, they say, for as certainly as night follows day, so will Nature adjust her balance.

We are interfering up to a point, but for some mysterious reason we must interfere no more. Surely, it is in this attitude that the inconsistency lies. It would be as logical to reverse their motto and say 'keep down the births and the deaths will keep down themselves' but as well as being inhuman, it would be entirely wrong. We must tackle both sides of the problem, or Nature will adjust the balance for us. But how? as she has done in the past by her ruthless methods, under-nourishment and disease working hand in hand.

Here the writer turns to the history of Ireland as evidence that the population of a country, when not affected by other important factors like war, disease, emigration, industrial development or artificial restriction, is ultimately limited only by the available food supply. The great potato famine forms a very graphic picture of what has actually happened in a country in which the people lived with no thought for the evils which result from a senseless increase in the population and without a corresponding provision for feeding the extra mouths.

The tragic story of the fate of the people when the potato famine came affords an example of the drastic action which had to be taken when dire necessity compelled the people to restrict the population so as to conform to the available resources of the country. Eventually, the population became stabilised at about four millions by the deliberate restriction of the number of births. The latest census of the Irish Free State shows that 80 percent of the males between the ages of 25 and 30 are unmarried, yet in spite of this, there is great anxiety because of overpopulation.

Have we any reason to believe that the same kind of disaster as happened in Ireland in 1816 will not occur in India if we fail to face the hard facts of human existence?

Population and Food.

PRESSING PROBLEM FOR INDIA.

Last year *The Indian Medical Gazette* published a note on the population and food problem of India. This is again referred to in the last issue of the *Gazette*, which says that the worst feature of the situation is that even the educated community have failed to realise the extreme urgency of the problem.

Everybody who knows the conditions under which the people of India live (the article continues) will agree that the population, as a whole, is badly nourished. This constitutes a chronic malady of India which is accepted as a normal condition, an unsatisfactory state of affairs which can be greatly improved by better methods of agriculture and by discarding wasteful customs, but the question remains whether those reforms, necessary, though they are, can ever constitute a radical cure unless they are combined with a restriction of the population. It is only too likely that if we could improve the food supply and eliminate waste, the population would very soon increase to such an extent that we should again be faced with the population problem.

There existed not many generations ago in England, and there still exists to-day in India, a portion of the population who oppose sanitation progress on the grounds that it is an interference with the workings of Nature. At this fatalistic attitude the sanitarians are horrified; yet to day the majority of them are adopting an equally fatalistic attitude with regard to the population question.

will be the problem which the future governments of India will have to face.

India is in much the same condition as Ireland was a hundred years ago, except that the problem of India is many times more vast, as we are dealing with three hundred and fifty millions of people instead of eight millions. What are we doing to prevent a tragedy from happening in India such as Ireland experienced during the potato famine? Failure of the monsoon, wars, great epidemics, these are the unpleasant remedies which Nature is sure to apply to a country with a population in excess of the food supply.

It has now been possible to increase the productivity of India to such an extent that 350 millions of people are able to live under better conditions than 200 millions used to do. It is within the bounds of possibility that even so many as the present 359 millions might live in a modest degree of economic well-being if production were increased and waste eliminated but is there any one so optimistic as to claim that 700 millions could gain a reasonable livelihood? Yet this is what we appear to be aiming at so long as we confine our attention to the elimination of preventable diseases.

Apart from the deliberate planning of human existence in a rational manner, the only important checks on population, as we have already said, are starvation, disease and war. If Nature is to be left in sole charge of the arrangements, then disease is just as kindly a method of controlling the population as famine or war. But seeing that the people of other countries have succeeded in achieving satisfactory results by applying their brains to the problem, it is surely worth while to see whether India cannot secure the same benefits. If this were done, hygiene and public health would come into their own, and they would achieve the same results in India as in other countries. The matter is urgent, and the more the delay in taking action, the more the difficulties that are to be faced.

Original Articles

THE USE OF MUSTARD IN AYURVEDA.

BY

KAVIRAJ D. N. ROY, M. SC.

CALCUTTA.

In Ayurvedic literature we find an extensive use of various oils for the treatment of diseases and also for general purposes. It is recommended for internal as well as for external application. As it is the mustard oil that is ordinarily used in Bengal, I propose to enumerate here the different uses of mustard.

Mustard is of four kinds, (1) गौर सिद्धार्थ, (2) रक्त सिद्धार्थ, (3) राजिका and (4) कृष्णराजिका. But for all practical purposes, we may consider it as of two varieties only, viz. सिद्धार्थ or white mustard and राजिका or black (dark brown) mustard. When not otherwise mentioned, the black variety is used for external application and the white for internal use.

General use :—

(1) Use oil as a gargle everyday. It strengthens the jaws, prevents hoarseness of voice, develops the sense of taste, keeps the lips soft and makes the teeth strong. One who makes it a habit of taking oil-gargle, never suffers from tooth-ache and can chew very hard articles of food. It is also a sure remedy for sensitive teeth.

(2) Always keep your head moistened with oil. Then you will not have any headache, no baldness and no untimely falling off or greyness of the hair. And you will have sound sleep.

(3) Put a few drops of oil every day in your ears. You won't get lack-jaw and your sense of hearing will be highly developed.

(4) Rub oil well over the legs and feet. It soothes the body and strengthens the sense of sight. You will not get sciatica or gout or cracked sole and there will be no stiffness of the ligaments of the legs.

(5) Daily use of oil bath (अभ्यंग) makes a man's body firm and skin smooth and clean. He becomes more hardy and but

few signs of old age can be noticed in him. Oil cakes (powdered) are also rubbed over the body to remove dirt and to make the skin bright and complexion fair.

(6) Oil is also used as a vaginal douche in some disorders of the uterus and malformation of the vagina.

Besides these, mustard oil is largely used by the people of Bengal for culinary purposes.

External use :—

In cold and headache, mustard seeds are made into paste with water and applied in a thin layer over the forehead. It is a universal practice amongst the Ayurvedic physicians to recommend mustard oil for ordinary cases of Bronchitis, Asthma and other ailments due to slesma. The oil mixed with a little camphor is warmed and rubbed well over the chest and back.

Charaka has recommended white mustard mixed with some perfumatory articles to be rubbed all over the body in Phthisis. He has also prescribed its vapour (as a bath) for chronic fever.

For inflammatory swellings, mustard is extensively used either alone or in combination with other medicines. According to Sarangadhara, mustard poultice promotes suppuration in an abscess. For कृत्तम, make a paste of mustard and कर्जवीज with cow's urine and apply (च. चि. ५.). For inflammation of the ears, make a paste of mustard and शजिना bark with water and apply. For glands and glandular swellings, Bagbhata recommends mustard plaster made with butter-milk. Mustard is also used for elephantiasis. Bagbhat mentions the use of mustard root for this purpose. For ordinary inflammation, Bagbhata recommends the application of old oil-cakes made into paste with cow's urine. For inflammation of the scrotum, take mustard and बच in equal parts, make it into paste with water and apply. Remove it if there is any burning sensation.

Mustard plaster and oil are particularly recommended for leprosy, urticaria, rash, eruptive fevers and in various other diseases of the skin. Charaka prescribes mustard seeds to be rubbed over leprosy wounds and also to be used as plaster (च. चि. ७). For वातरक्त, make a paste of mustard with milk and apply (च. चि. २६). Bangasena recommends white mustard for this purpose. Sarangadhara wants the paste to be made with mustard oil.

For ringworm, make a paste of white mustard with butter-milk and apply (वा. चि. १६).

In insanity, mustard oil and mustard powder are recommended by Bagbhata to be used as नस्य.

For ear-ache, apply mustard oil mixed with गुग्गुली.

For inflammation of the gums, Harita recommends mustard powder and salt mixed together.

So we see that mustard plaster or poultice is much used for leprous wounds and for various skin diseases. Now in all these cases Pitta and blood are vitiated. But mustard itself is hot and it aggravates blood and Pitta (cf. "कटूणां सर्पपं तैलं रक्तपित्तप्रदूषणम्"—च. सु. २७). Therefore the irritant action of mustard is a contra-indication in diseases of the skin. Still how is it that mustard oil and seeds are recommended for diseases affecting Pitta and blood? The explanation will be found in the general principle of prescribing hot application for burns, etc.

Cf. "उष्णक्रियया रक्तस्य विलयनेन स्थानान्तरगमनात् हेतुप्रत्यनीकतैव".

Internal use :—

Sushruta has mentioned white mustard as an emetic. As an emetic, Bagbhata also prescribes decoction of mustard mixed with powder of कुटजबीज.

For elephantiasis, Sushruta prescribes mustard oil (सु. चि. १६).

Charaka recommends mustard oil to be taken with rice in प्रमेह, i.e. in diseases of metabolism and of the kidneys.

GHEE AS FOOD AND MEDICINE IN AYURVEDA

BY

BHISHAGWARA V. SUBBA RAO, A.M.A.C.

(*Post graduate student, Indian Medical School, Madras.*)

(*Continued from our March issue*)

Ghee as medicine in general.

No western medical practitioner knows that ghee, inspite of its use as a staple article of food, is medicine in almost all diseases that human flesh is heir to. We have already studied its probhavam. The author of Ayurveda sutram has clearly

stated that "गोघृतं सर्वरोगहृत्" cow's ghee is curative of all the diseases. In the following pages we will try to prove that the above statement is quite scientific and rationale.

Ghee is being used as medicine both internally and externally. Internally it is used for drinking, licking, anuvasanam and nasyam. Externally it is used as Abhyangam, plasters, ointments and gandusham. Ghee, without any other thing added thereto, should be administered in the affections of the deranged Pitta (its action on Pitta is already explained), whereas it should be mixed with salt before use in the diseases due to the action of Vayu (why should we add salt?). Ghee when mixed with salt, succeeds in quickly oilifying the body, since mixed with salts, it acquires the virtue of expelling diverse kinds of secretions from the system, becomes soft without retaining the character for dryness, succeeds in penetrating the most subtle parts of the body, becomes warm and all pervading or extensively diffusive and with the admixture of Yavakshara and Trikatu in the affections of the aggravated kapha (we have already studied that ghee increases kapha; and that when it is mixed agreeably with the proper ordinances with the proper substances it becomes endued with thousand kinds of energy and operates in a thousand ways). Since yavakshara and trikatu are destroyers of kapha, ghee coming in contact with them assumes the property of destroying kapha.

Ghruta Panam :—Drinking of ghee is highly recommended for those that have constitutions characterised by a predominance of Vata and Pitta, that are desirous of strengthening their eyesight, that are wounded, that have been weakened by disease, that are advanced in years, that are young in years, that are weak, that are desirous of lengthening their lives, that are desirous of improving strength, complexion and voice, that desire nourishment, that desire brilliancy of complexion, vigour or energy or memory or strength of understanding or a powerful digestive fire or great intelligence or strength of senses, that are afflicted with burns or wounds inflicted with the aid of weapons or with poison.*

* वातपित्तप्रकृतयो वातपित्तविकारिणः यक्षुःकामाःक्षताःक्षीणावृद्धबालस्तथाशक्ताः श्वायुः-
प्रकर्षकामाश्च वलवर्णस्वरार्थिनः पुष्टिःकामाःप्रज्ञाकामाः सौकुमार्यार्थिनश्च दीर्घयोजःसृतिमेधाग्नि-
बुद्धिन्द्रियवलार्थिनः पित्तमसृर्पिरातार्थादाहशस्त विषाग्निभिः राजयक्ष्माग्निबालैस्त्वक्वृद्धैश्च यथेते ।
रोगैरसामेविषभ्यांच विवन्धेचमदत्यये । ज्वरेमन्दानलेमेहेनसृर्पिवहुमन्यते ॥

Drinking of ghee is contraindicated for those that are suffering from Rajayakshma (Phthisis), for children and old people in whose constitutions kapha is in an excited state and for those that are suffering from Amaroga, Visuchika, Vibandha, Madatyaya, Jwara, Agnimandya and Meha diseases.

*Ghrita Abhyangam**

Anointing the body with medicated ghees is beneficial in cases of derangement of Vata, Pitta, Kapha, Rakta and Sannipata, also for those that are emaciated, that are suffering from Mada, Murcha, Pralapa, Thirst, fever accompanied by burning, Santapta and in chronic indigestion. It is highly preferable for children and youths and for those that are suffering from indigestion.

Anointing the body with ghrita is contraindicated for those that are suffering from Gulma, enlargement of spleen, jaundice, diarrhoea, swasa, kasa, udara, chardhi, pandu, swellings all over the body, abscess, Parswasula, Gandamala (goiter) and Arbuda diseases. It is not advisable in Seetha jwara and Prameha.

Ghrita gandusham.

Gargling the mouth with ghee is recommended in a case of burning sensation of the mouth or in case of inflammation accompanied with burning or in case of accidental wounds or septicaemia or poisoning of the mouth or wounds caused by ksharas and burns.†

Ghrita as nasyam.

Sushruta says ghee should be used as Nasyam in a case of Pittaja disorder. We find its use as nasyam in cases of Swara-bhanga and Siroroga,

Ghee as medicine in particular.

If we see into our ancient medical books, we find the use of ghee as medicine in all the eight main subdivisions of Ayurveda.

Ghee as Rasayana.

We have already studied that ghee is a Rasayanam. Rasayana here means which improves general health and arrests the

* वातेपित्तेकफैरक्तोमान्निपातेकृशांगके मदसूर्क्षाप्रलापेषुलथादाहज्वरेषुच । सन्तप्तैः सन्ततेजीर्णैः
हृन्त्यान्ते विशिषतः बालमध्यमजीर्णानां घृताशनं प्रशस्यते । गुन्धप्रिहाग्निमदनकामलास्त्रातिसाग्निषु
द्यासकासोदरच्छर्दिपाण्डु सर्वांगसोशेषु विद्रुदीपाश्च शूलिषुगण्डमालार्बुदादिषु शीतज्वरेप्रमेहेच
घताभ्यङ्गो न शस्यते ।

† ऊष्मादाहान्वितेपाके क्षतेवागं तु स भवे ।

विषज्वाराग्निदग्धे च सर्पिर्धार्यपयोधवा ॥

ravages of time. Rasayana can rejuvenate an old man, and supply those vital elements to an old and exhausted human body which ebbs away with the progress of years. It is prescribed for men in health which would arrest decay and guard against the approach of senility by increasing the fundamental vital principles of the body and preventing Vayu, Pitta and Kapha from being transformed into morbid diathesis.

It is no exaggeration to say that there is no rasayana preparation without the combination of ghee. In some, it is used in little quantities and in others in larger. Moreover, all the preparations of rasayana are advised to be kept in earthen vessels which have sucked a sufficient quantity of ghee for some time. To increase the properties of a rasayana, ghee is also recommended to be taken with food and to use it as Abhyangam.

Charakacharya says in the chapter on rasayana that if one takes ghee for three years he lives for a hundred years, freed from decrepitude or decay. He succeeds in retaining what he hears. No disease overtakes him. If poison comes in contact with his body, it fails to affect him. His body becomes as compact as stone. He also becomes irresistible to view and unassailable by all creatures.

Various kinds of medicated ghees are mentioned by various authors as rasayana preparations, important among them being Triphala ghrita of Charaka and Brahmi ghrita & Sata paka Vacha ghrita of Sushruta, Pancharaviada ghrita, Chatuskuvalaya ghrita and Satavari ghrita of Vagbhata.

Ghee as Vajikarana.

We have also studied that ghee is a good Vajikaranam. And we find in Charaka, Sarira, chapter VI, that when there is absence of Semen the use is approved of milk and ghee which are regarded as sweet and oily. Especially in chapters on Vajikarana, we find only a very few preparations without the combination of ghee. Charaka says, a young man who eats and drinks ghee and milk every day, who is fearless and free from ailments of every kind, who indulges in sexual pleasures every day and who cherishes voluptuous thoughts succeeds in approaching his wives like a bull. There are various medicated aphrodisiac ghees. For want of space I will mention only a few of them. They are: Aphrodisiac ghee No. 1, and Aphrodisiac ghee No. 2 of Charaka.

Not only internally but ghee when externally applied as well is a good Vajikaranam (aphrodisiac). Sushrutacharya says, "if ghee boiled with eggs or the testes of alligators, mice, frogs and sparrows and by lubricating the soles of the feet with this ghrita, a man should be able to visit a woman with undiminished vigour so long as he would not touch the ground with his feet.

Again he says in Saseerasthana, Chapter ii, "A husband wishing to beget a son by his wife on the fourth day of her uncleanness, *he should anoint or lubricate his body with ghrita* and should partake of a food in the afternoon or evening composed of boiled sali rice, milk and *ghrita*, and then visit the bed of his wife.

Use of ghee in jwara (fever).

Ghee quenches all undue heat of fever. Being cooling in its potency it subdues Pitta, by its oiliness it subdues Vayu and when mixed with kaphahara drugs it checks kapha.

The fever that is not alleviated of a person who has been dried by the administration of decoctions and emetics, as also by fasts and light food has ghee for its remedy.

The heat that causes dryness of a fever-stricken patient who has been dried by heat, that constituent dhatu which strengthens the wind is Vayu. This Vayu is alleviated by oily substance called ghee.

After the tenth day when the kapha has become mild, when Vayu and Pitta have gained force and * when the faults have become matured the drinking of ghee operates like Amrita.

Whenever the dhatus in the organism of a fever patient become weak, generally that fever becomes chronic, in such fever (Purana jwara), to subdue the fever and to increase the strength of the body one should give ghee to such a patient.

In fever that is accompanied by erysepelus, also in that caused by wounds, also in that by malignant boils the drinking of ghee at the outset is beneficial, if neither kapha nor pitta is predominant.

* विपरीतज्वरोष्माणं जयेत्पित्तचक्षेयतः स्नेहादात् घृतं तुल्ययोगसंस्कारतः कफम् ज्वराः
 कषायैर्वसनैर्लेघनैर्लघुभोजनैः रुचस्ययेनशस्यंति सर्पिलेपाभिषग्जितम् । रुचंतिज्वरकरं
 तेजसाराक्षतस्यच यः स्वादनुबलीधातुः देहसाध्यः सचानिक्तः । कषायपानपथ्यान् दंशाह इतिलविते
 सर्पिर्दयात्कफैर्भेदेवातपित्तोत्तरेज्वरे ॥ पक्केषुदोषेष्वस्ते ॥ देहधातुबलतयज्वरोगीर्णानुवर्तते
 रुचंतिनेज्वरे ज्वरकृत्तेजसाक्षितस्यच ॥

That fever which is caused by wounds becomes alleviated by drinking ghee and rubbing it over the body.

We find the use of ghee in Sushruta thus :—The residue of the deranged dosha having lurked in the system (of a patient) even after the exhibition of proper emetics and purgatives, the fever should be remedied by draughts of medicated ghee, if the system of the patient is sufficiently dry.

Ghee, oil and warm water according to the exigency of the case would *remove bad taste in the mouth* in fever. An *empty feeling of the head in fever* would be relieved by using an *errhine* (nasyam) of medicated ghee prepared with the drugs of the jeevaneeya group.

Draughts of ghee should be given in all forms of fever at the close of twelve days, for by that time the aggravated doshas return to their respective Asayas.

Draughts of ghee (matured but non-medicated) should be given as soon as the premonitory symptoms would make their appearance and the patient would get relief thereby. This is applicable only in a case of Vataja type of fever.

Use of ghee as Abhyangam in fever :—Lubrication of the body with oil at the close of the acute stage *i.e.* on the thirteenth or fourteenth day of the attack would be attended with beneficial results in a case of Vata-Sleshma fever where fomentations have utterly failed to relieve the distressing symptoms of the deranged Vayu. Ghrita duly cooked with sweet and bitter drugs should be used in Pittaja fever ; while in Kaphaja fever, the ghrita should be cooked with bitter and pungent drugs. In the cases of fever due to the concerted action of two or three doshas, the ghee should be cooked with the drugs of two or more of the above groups according to the nature of the Doshas involved in each case.

Ghee mixed with the decoction of Triphala should be given to a patient suffering from an attack of Tridoshaja fever. Various kinds of medicated ghees are mentioned and may be advantageously used in cases of vishama jwara. They are Shatphala ghrita, Kalyana ghrita, Panchagavya ghrita, Tiktaka ghrita, Vrisha ghrita, Triphaladi ghrita, Guduchyadi ghrita, Kalasyadi ghrita, Patoladi ghrita and Mahakalyanaka ghrita.

Pippalyadi and Vasa-ghritams of Charaka may be used in all kinds of chronic types of fever.

(To be continued).

MIDWIFERY IN ANCIENT INDIA

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X.

APPENDIX

ORIGINAL SANSKRIT TEXTS.

देहसृष्ट्यागर्भोत्पत्तिप्रकारः ।

शुक्रं प्रणम्य यत्नेन ज्ञानध्वान्तमुधाकरम् ।

वक्ति मर्त्यदेहसृष्टिं द्विजः श्रीरामतोषणः ॥

शक्तानन्दतरङ्गिणी प्रथमपरिच्छेददृष्टज्ञानभाष्यम्

देव्युवाच—

शरीरं कीदृशं नाथ मुक्तिर्वा केन कर्मणा ।

इदानीं श्रोतुमिच्छामि ब्रूहि मे शशिशेखर ॥

ईश्वर उवाच—

मृणु देवि प्रवक्ष्यामि शरीरं कर्मसम्भवम् ।

रजस्वला च या नारी विशुद्धा पञ्चमे दिने ।

पीडिता कामवाणेन ततः पुरुषीकृते ।

भगलिङ्गसमायोगान्मथुनं स्यत्तदा तयोः ।

अन्योऽन्यस्पर्शनादेव जायते च महासुखं ।

क्षरते च यदा रेतः प्राणापानविसंश्रितं ।

क्षितिरापस्तथा तेजो वायुराकाशमेव च ।

सर्वेषां तत्र तत्त्वं स्याद्देहस्यरक्तबीजयोः ॥

गर्भोत्पत्तिकथनम् ।

मातृकाभेदतन्त्रे द्वितीय पटले

देव्युवाच—

यद् ईशान सर्वज्ञ सर्वतत्त्वविदांवर ।

यत् त्वया कथितं देव मम सङ्गे विहारतः ।

कथं वा जायते पुत्रः कथं वा शुक्रसंस्थितिः ।

पुत्र इति गर्भमात्रोपलक्षणम् ।

क्रेन प्रकारेण गर्भो जायत इति प्रश्नस्य तात्पर्यम् ।
वर्द्धमानस्य लिङ्गस्य प्रवेशो वा कथं भवेत् ।
भौतियुक्ता ह्यहं नाथ त्वहि मां दुःखसङ्घटात् ॥

महादेव उवाच—

मणिपूरं महापद्मं सुषुम्ना मध्यसंस्थितम् ।
तस्मान्नालेन देवेशि नाभिपद्मं मनोहरम् ।
नालत्रय समायुक्तं सदा शुक्रविभूषितम् ।
ऊर्ध्वनालं सहस्रारे अतः शुक्रविभूषितम् ।
तस्मादेव स्तनद्वन्द्वं वर्द्धमानं दिने दिने ।
मध्यनालं सुषुम्नातं वृन्ताकारं सुशैतलम् ।
आयोन्याग्रमधोनालं सदानन्दमयं शिवे ।
शृणु चार्ध्वङ्गि सुभगे तन्मध्ये लिङ्गताडनात् ।
यद्रूपं परमानन्दं तन्नास्ति भुवनत्रये ।
नाभिपद्मन्तु यद्रूपं तत् शृणुष्व समाहिता ।
वस्थानं मध्यदेशेऽस्य सदा पद्मविराजितम् ।
बाह्यदेशे चाष्टपत्रं चतुरस्रञ्च तद्वहिः ।
चतुर्द्वारसमायुक्तं सुवर्णमभं सवृन्तकम् ।
तत्पद्मेन भवेत् पुष्पं वृन्तयुक्तं त्रिपत्रकम् ।
प्रफुल्ले तु त्रिपत्रे वै बाह्ये शोणितदर्शनम् ।
एतन्मध्ये महेशानि यदि स्युस्ति ताडनम् ।
पद्ममध्ये गते शुक्रे सन्ततिस्त्वेन जायते ॥

पद्ममध्ये शुक्रगमनप्रकारन्त प्रपञ्चसारे—

स्वस्थानतश्चुरात् शुक्राद्दिन्दुमादाय मारुतः ।
गर्भाशयं प्रविशति यदा तुल्यं तदापरः ।
आर्तवात् परमं बीजमादायास्याश्च मूलतः ।
यदा गर्भाशयं नेष्यत्यथ संमिश्रयेन्मरुत् ।
संक्षोभ्य संवर्द्धयति तन्मलं शोणताधिकम् ।
स्त्री स्यात् शुक्राधिकं ना स्यात् ममेन च नपुंसकम् ।
वायुवल्लभसां योगे गर्भवृद्धिः प्रजायते ॥
एतेन त्रिवृत्करणपक्षं व्यष्टीकृतः ॥

ज्ञानभाष्ये—

नाभिपद्मे महादेवि आस्यते च समोरणैः ।

कुम्भकारो यथा चक्रे घटते च घटादिकम् ॥

तथा समोरणो गर्भे घटते प्राणिनां तनुम् ॥

सारदातिलके—

रक्ताधिका भवेन्नारी भवेद्भूतोधिकः पुमान् ।

उभयोः समतायान्त नपुंसकमिति स्थितिः ॥

मातृकाभेदतन्त्रे—

पुरुषस्य तु यत् शुक्रं शक्तेस्तस्याधिकं यदि ।

तदा कन्यां विजानीयाद्विपरोते पुमान् भवेत् ।

उभयोस्तुल्यशुक्रेण क्लीवं भवति निश्चितम् ॥

तत्राधिक्यतुल्यादिकं राघवभट्टधृतवचनोक्तप्रमाणस्यैव यथा—

ह्वाविंशती रजोभागाः शुक्रमात्राश्चतुर्दश ।

गर्भसंजनने काले पुंस्त्रियोः सम्भवन्ति हि ॥

मात्रा भाग इत्यर्थः ।

नारी रजोऽधिकांशे स्यान्नरः शुक्राधिकांशके ।

उभयारुक्तसंख्यायां स्यान्नपुंसकसम्भवः ॥

राघवभट्टधृतवामटे बह्वपत्यकारणमुक्तं यथा—

वायुना बहुधा भिन्ने तद्विन्दौ बह्वपत्यता ।

वियोनिविकृताकारा जायन्ते विकृते तथा ।

शृणु चार्द्धङ्गि सुभगे पुष्पमाहात्म्यमुत्तमम् ।

मेध्यं तत् शुक्रसंयोगे वदते च दिने दिने ।

एवं दिङ्माससंप्राप्ती तत्पुष्पे हृन्दमयुते ।

गलिते परमेशानि व्यक्ता भवति सन्ततिः ॥

श्रीदेव्युवाच—

किञ्चिद्द्रोगादिसंभूते कृमिकीटादिसम्भवे ।

तस्माज्जीवाः प्रणश्यन्ति सा नारी जीवते कथम् ॥

श्रीशङ्कर उवाच—

तस्य पुष्पस्य माहात्म्यं किं वक्तुं शक्यते मया ।

विन्दुस्थानसहस्रन्तु पुष्पमध्ये प्रियंवदे ।

बुद्बुदा येऽत्र तिष्ठन्ति तत्रैव सन्ततिर्भवेत् ।

एवं क्रमेण देवेशि सहस्रं सन्ततिर्यदि ।

वर्द्धमानं तदा पुष्पं पौडा किञ्चिन्न जायते ॥

वीर्यवदुगर्भकारणमाह राघवभट्टतम्—

पूर्णपौडशवर्षा स्त्रो पूर्णविंशेन सङ्गता ।

शुद्ध गर्भाशये मार्गे रक्ते शुक्लेऽनिले हृदि ।

वीर्यवन्तं सुतं सूते ततो न्यूनाद्वयोः पुनः ।

रोगात्पायुरध्वन्यो वा गर्भो भवति नैव वा ।

शुक्रशोणिताद्युत्पत्तिकथनप्रकारः ।

योगार्णवे—

आयुष्यं मुक्तमाहारं स वायुः कुरुते द्विधा ।

संप्रविश्याथ मध्यन्तु पृथगन्नं पृथग्जलम् ।

स वायुः प्राणवायुः ॥

योगियाञ्चवल्क्ये उत्तरखण्डे चतुर्थाध्यायेऽपि—

आयुष्यं मुक्तमाहारं सहसा तैः समीकृतम् ।

तुन्दमध्यगतः प्राणस्तानि कुर्यात् पृथक् पृथक् ।

पृथक् करणप्रकारस्तु योगियाञ्चवल्क्ये—

पुनरग्नौ जलं प्राप्य अन्नादीनि जलोपरि ।

स्वयं ह्यपानः संप्राप्य तेनैव सह सारुतः ।

प्रयाति ज्वलनं तत्र देहमध्यगतं पुनः ।

अग्नौ जलं प्राप्य अन्नादीनि जलोपरि संप्राप्य तेनैव प्राणवायु-
नैवापानो वायुर्देहमध्यगतं ज्वलनं प्रयाति प्राप्नोतीत्यन्वयः एवञ्च प्राणेन
प्रेरितमिति प्राणः स्थित्वति च प्राधान्येन बलति वस्तुस्तु प्राणापानाभ्यामेव
प्रेरितमित्यर्थः ।

वायुना वर्द्धते वज्जिरपानेन शनैः शनैः ।

ततो ज्वलति विप्रेन्द्रि स्वकुले देहमध्यके ।

ज्वालाभिर्ज्वलनं तत्र प्राणेन प्रेरितं ततः ।

ज्वलत्युदकमाश्रित्य कोष्ठमध्यगतं तदा ।

अन्नं व्यञ्जनसंयुक्तं जलोपरि समर्पितम् ।

ततः सृष्टममकरोद्वाहसंततवारिणा ॥

योगार्णवे च—

अग्नेरुर्ध्वं जलं स्थाप्य तदन्नञ्च जलोपरि ।
जलस्याधः स्वयं प्राणः स्थित्वा स्वेदयते शनैः ।
वायुना व्युद्यमानोऽग्निरत्युष्णं कुरुते जलम् ।
अन्नं तदुष्णतोयेन समन्तात् पच्यते पुनः ।
द्विधा भवति तत्पक्वं पृथक् कीटं पृथग्रसम् ॥
कीटं मलम् ॥

तत्र रसोत्पत्तिप्रकारस्तु प्रपञ्चसारे द्वितीये पटले—

अथाहृतं षड्रसं वाऽप्याहारं कण्ठमार्गगम् ।
श्लेष्माणानुगतं तस्य प्रभावान्मधुरीभवेत् ।
तत्र स्वाद्वस्त्वन्नवणतिक्तोषणकषायकाः ।
षड्रसाः कथिता भूतविकृत्या द्रव्यमाश्रिताः ।
स्वादु मिष्टम् । उषणं कटु ।
तथैवमाशयगतं पश्चात् पित्ताशयं व्रजेत् ॥

आशयं क्लिद्रम् ॥

तदातस्यानुगमन्यात् कटुकत्वं प्रपद्यते ।
तथात्वान्तरसंश्लिष्टं पच्यते पित्तवारिणा ॥

खलादीनां पाकेनावस्थान्तरमुक्तं योगियाज्ञवल्करे —

स्वेद-मूत्रे जलं स्यातां बौध्यरूपं रसो भवेत् ।
पुरीषमन्नं स्य ज्ञागि प्राणः कुर्यात् पृथक् पृथक् ॥

प्रपञ्चसारे—

ग्रहणी नाम सा पात्री प्रसृताञ्जलिसन्निभा ।

पात्री नाडी ।

अधस्तस्याः प्रधानाग्निः समानेनापि नुद्यते ।
तस्याधस्तात्त्रिकोणाभं ज्योतिराकारमुत्तमम् ।
विद्यते स्थानमेतद्वि मूलाधारं विदुर्वृधाः ।

प्रधानाग्निर्दीर्घदूषास्याग्निभ्यो भिन्नो वडवाननरूपो जठराग्निरिति
प्रसिद्धः ।

तथाच—

पच्यमानाद्रसं भिन्नं वायुरक्तादिकं नयेत् ।
 तत्र कीदृशं पृथग्भिन्नं ग्रहण्यां चिनुतेऽनिलः ।
 तच्चीयमानं विन्नाम ग्रहणीं पूरयेन्मुहुः ।
 सा तथा शक्तता पूर्णा वलिता प्रतिमुञ्चति ।
 शक्तता मलेन ।
 पुरीषं पायुमार्गेण तत्पाके चाश्वसस्ततः ।
 अङ्गस्वेदश्च दभ्यन्तर्व्याप्तिः सूक्ष्मैः शिरामुखैः ।
 वस्तिमापूरयेद्वायुः पूर्णो मुञ्चति भारया ।
 मूत्राशयो धनुर्व्वक्त्रो वस्तिरित्यभिधीयते ।
 मूत्रं मित्याहुर्दृढकं वस्तेश्चानिलनिर्गतम् ।
 अपथ्यभाजामनयो मार्गयोर्दीपदुष्टयोः ।
 प्रमेह-मूत्र-कृच्छ्रादेर्ग्रहण्यादेश्च सम्भवः ॥

राधवभट्टदृष्टसुश्रुते—

त्वगृन्तुं स मेदोऽस्थिमज्जाशुक्राणि धातवः ।
 भवन्त्यन्योऽन्यतः सर्वे पाचिताः पित्ततेजसा । इति ।
 एतेन पूर्वं पूर्वंस्योत्तरोत्तरं प्रति कारणत्वमुक्तम् ॥

तथाच तत्रैव—

रसः स नाडीमधस्थः शरीरेणोष्मणा शृणुम् ।
 पच्यते पच्यमानाश्च भवेत् पाकद्वयं पुनः ।
 चर्मावेष्ट्य समन्ताच्च रुधिरन्तु प्रजायते ।
 स्र स्र कोषाग्निना पक्वैर्जायन्ते धातवः क्रमात् ॥

योगार्णवे—

रसेन तेन ता नाडीः प्राणः पूरयते शनैः ।
 प्रतर्पयन्ति संपूर्णास्ताश्च देहं समन्ततः ॥

योगियाश्रवल्के—

समानवायुना सार्द्धं रसं सर्वांश्च नाडीषु ।
 व्यापयन् श्वासरूपेण देहे चरति मारुतः ।
 व्योमरन्ध्रैश्च तबभिर्विन्मूत्राणां विसर्जनम् ।
 कुर्वन्ति वायवः सर्वे शरीरेषु निरन्तरम् ।

निश्वासीत्स्वासासाश्च प्राणकर्म समीरिताः ।
 अपानवायोः कर्मैतद्विन्मूत्रादिविसर्जनम् ।
 प्राणापाने च चेशादि व्यानकर्मैति चेष्टते ।
 उदानकर्म तच्चोक्तं देहस्योन्नयनं हि यत् ।
 पोषणादि समानस्य शरीरे कर्म कीर्तितम् ।
 उद्गरादि गुणो यस्तु नागकर्म समारितम् ।
 निमीलनादि कर्मस्य क्षुत्तृष्णा कृकरस्य च ।
 देवदत्तस्य विप्रेन्द्रि जृम्भाकर्मैति कीर्तितम् ।
 धनञ्जयस्य पोषादि सर्वं कर्म प्रकीर्तितम् ।
 वायुनां स्थानादौन्यग्रे वक्ष्यन्ते ॥
 इति शुक्रशोणिताद्युत्पत्तिकथनम् ॥

देहसृष्टौ धातुकथनम् ।—

योगार्णवे —

मातुरम्बुवहा नाडी मनुविद्या पराभिधा ।
 नाभिस्थनाडी गर्भस्य मात्रा कृतवसावहा ।

शाक्तानन्दतरङ्गिण्याम्—

कलनञ्चैकरात्रेण बुद्बुदं पञ्चमे दिने ।
 शोणितं दशरात्रेण मांसपिण्डं चतुर्दशे ॥

प्रपञ्चसारे—

मासीयं नाम याषीत्यं पौरुषं कर्मणं मलम् ।
 प्राणवं नाम संप्रोक्तं मिलितं तन्मलद्वयम् ।
 सूक्ष्मरूपानि तत्त्वानि चतुर्विंश मलद्वये ।
 तत्र योगं प्रकृत्याशु ततस्तु गर्भमारुतः ॥
 संचोभ्य संवर्द्धयतीत्यादि पूर्वोक्तेनान्वयः ।
 स्वगतैश्वर्यदग्निः क्षिद्यते काप्यते च तत् ।
 मिश्रीभूतं तदङ्गैव मातुरङ्गुष्ठमस्मितम् ॥
 सन्मितमिति मातुरङ्गुष्ठनखपरिमितमित्यर्थः ॥

राजवभट्टतयोगार्णवे—

घनमांसञ्च विंशाहेपिण्डभावोपलक्षितम् ।
 पञ्चविंशतिपूर्णाहे पलं तदङ्गुरायते ॥

शाक्तानन्दतरङ्गिणीधृतज्ञानभाष्ये —

इडा च वामनामायां दक्षिणे पिङ्गला मता ।
 सुषुम्ना व्रह्मरन्ध्रे च गान्धारी वामचक्षुषि ।
 दक्षिणे हस्तिजिह्वा च पूषा कर्णेऽथ दक्षिणे ।
 वामे यशस्विनी ज्ञेया मुखे चालम्बुषा मता ।
 कुहश्च लिङ्गमूले स्यात् शङ्खिनी शिरसोपरि ।
 एवं द्वारं समाश्रित्य तिष्ठन्ति दशनाडिकाः ।
 क्षितिश्चवारितेजोश्च वायुराकाश मेव च ।
 स्थिर्यं गताइमे पञ्च बाह्याभ्यन्तर एव च ॥

एवं प्रधाना नाडीनिरूपमानन्तरं शाखारूपनाडी निरूपिता ॥

सारदायम् —

नाड्योऽनन्ताः समुत्पन्नाः सुषुम्नापञ्चपर्वसु ।
 सर्वानि स्वाधिष्ठानमणिपूरकानाहतविशुद्धाज्ञान्तानि ।

तत्र धोऽधोग्रन्थिमारभ्योर्ध्वोर्ध्वग्रन्थि पर्यन्तं सर्वसमाप्तिः, गणयितुं-
 अशक्यत्वादन्ताः ।

यदाहः —

पूर्वोक्तायाः सुषुम्नाया मध्यस्थायाः सुनोचने ।
 नाभिहृत्कण्ठतालुभ्रूमध्यपर्वसमुद्भवाः ।
 अधोमुखाः शिराः काश्चित् काश्चिदूर्ध्वं मुखास्तथा ।
 परास्तिथ्यगताः काश्चित्तत्र लक्षत्रयाधिकाः ।
 नाड्योर्ध्वलक्षसंख्याताः प्रधानाः समुदीरिताः ।
 तामु सर्वामु वलवान् प्राणो वायुः समन्ततः ॥

विश्वसारितु —

नाभेः सकाशाज्जायन्ते नाड्यः क्षेत्रपौषिकाः ।
 इडा तु वामभागे स्यादक्षिणे पिङ्गला मता ।
 मध्ये सुषुम्ना विज्ञेया चन्द्रसूर्यनलालिका ।
 नाड्योऽनन्ताः समुत्पन्नास्तस्याः पञ्चसु पर्वसु ॥
 इति ॥

नाभेः सकाशादिति यदुक्तं तत् क्षेत्रपौषिका इत्यनेन रसादिवालेनेन
 शरीरपुष्ट्यर्थं न तु ज्ञानध्यानाद्यर्थं, वायुसाधनप्रकरणे एतत् स्पष्टीकरिष्ये ।

नरपतिजयाचार्यस्त्रोदयधृतब्रह्मजामलमपि शरीर पुष्टार्धमेव
नाभौ कुण्डलिनी साह, यथा,—

महाशक्तिः कुण्डलिनी नाडी स्याद्विस्वरूपिणी ।
ततो दशोर्द्धगा नाड्यो दश चाधोगतास्तथा ।
हे हे तिर्यग्गते नाड्यौ चतुर्विंशतिसंख्यया ।
सूक्ष्ममुखास्ततो नाड्यः सहस्राणां द्विसप्ततिः ।
कुण्डलिन्यां महाशक्तौ मूलमार्गा भवन्तमी ।
ताभ्यः सूक्ष्ममुखा नाड्यः शरीरं प्रतिपोषिकाः ।
सप्तशतानि जायन्ते सप्तोत्तराणि संख्यया ।
प्रधाना दश नाड्यस्तु दशवायुप्रवाहिकाः ॥

योगियाज्ञवल्करे प्रथमाध्यायेऽपि नाभिचक्रमुपक्रम्य—

कन्दमध्ये स्थिता नाडी सुषुम्नेति प्रकीर्त्तिता ।
तिष्ठन्ति परितः सर्वाश्चक्रेऽस्मिन्नाडिकास्ततः ।
नाडी नामपि सर्वासां मुखरा गार्गि चतुर्दश ॥
गार्गि इति याज्ञवल्करस्य स्त्रियाः संस्वोधनम् ॥

इडा च पिङ्गला चैव सुषुम्ना च सरस्वती ।
वाक्णी चैव पूषा च हस्थिजिह्वा यशस्विनी ।
विश्वोदरो कुहुश्चैव शङ्खिनौ च पयस्वनी ।
अलम्बुषा च गान्धारी मुखरा चैताश्चतुर्दश ।
तासां मुखरातमास्तिस्रस्तिसृष्वेकोत्तमोत्तमा ।
मुक्तिमार्गे तु सा प्रोक्ता सुषुम्ना विश्वधारिणी ।
कन्दस्य मध्यमे गार्गि सुषुम्ना च प्रतिष्ठिता ।
पृष्ठमध्ये तु तेनास्या सह मूर्ध्नि व्यवस्थिता ।
मुक्तिमार्गे सुषुम्ना सा ब्रह्मरन्ध्रेति कौर्त्तिता ।
अव्यक्ता सा च विज्ञेया सुषुम्ना बैष्णवी स्थिता ।
इडा च पिङ्गला चैव तस्याः सव्ये च दक्षिणे ।
इडा तस्याः स्थिता सव्ये पिङ्गला चैव दक्षिणे ।
इडायां पिङ्गलायाञ्च चरतश्चन्द्रभास्करौ ।
इडायां चन्द्रमा ज्ञेयः पिङ्गलायां दिवाकरः ।
चन्द्रस्तामस इत्युक्तः सूर्यो राजस उच्चतः ।

विषभागो रवेर्भागश्चन्द्रभागोऽमृतं तथा ।
 तावेव तदधः सर्व्वं कालं रात्रिदिवात्मकम् ।
 भोक्त्री सुषुम्ना कालस्य गुह्यमेतदुदाहृतम् ॥
 सरस्वती कुङ्कुमैव सुषुम्ना पार्श्वयोः स्थिते ।
 गान्धारी हस्तिजिह्वा च इडायाः पृष्ठपूर्व्वयोः ।
 यशस्विनी च पूषा च पिङ्गला पृष्ठ पूर्व्वयोः ।
 कुङ्कुमैव हस्तिजिह्वा च मधेयः विश्वोदरी स्थिता ।
 यशस्विन्याः कुङ्कुममध्ये वारुणी सा प्रतिष्ठिता ।
 पूषायाश्च सरस्वत्याः स्थिता मध्ये यशस्विनी ।
 गान्धार्याश्च सरस्वत्याः स्थिता मध्ये च शङ्खिनी ।
 अलम्बुषा च विप्रेन्द्रि कन्दमध्यादधः स्थिता ।
 पूर्व्वभागे सुषुम्नायास्त्वामेद्वान्तं कुङ्कुमैव स्थिता ।
 अधश्चोर्ध्वं विज्ञेया वारुणी सर्द्धगामिनि ।
 यशस्विनी च याम्यस्य पादाङ्गुष्ठान्तमिष्यते ।
 पिङ्गला चोर्ध्वं गाम्ये नासान्तं विद्धि मे प्रिये ।
 याम्ये पूषा च नेत्रान्ता पिङ्गलायाः सुपृष्ठतः ।
 पर्यास्विनी तथा गार्गि याम्ये नेत्रान्तमिष्यते ।
 सरस्वती तथा चोर्ध्वं हस्तिजिह्वा प्रकीर्त्तिता ।
 आसव्यकर्णा द्विप्रेन्द्रि शङ्खिनी चोर्ध्वमागता ।
 गान्धारी सव्यनेत्रान्तमिडायाः सव्यतः स्थिता ।
 इडा च सव्यनासान्तं मध्यभागे व्यवस्थिता ।
 हस्तिजिह्वा तथा सव्यपादाङ्गुष्ठान्तमिष्यते ।
 विश्वोदरी तु सा नाडी तुन्दुमध्ये व्यवस्थिता ।
 अलम्बुषा महाभागे वायुमूला तथोर्ध्वं गाम्ये ।
 एतास्त्वन्याः समृत्पन्नाः शिवास्त्वन्याश्च ता अपि ।
 यदश्वत्थदले तद्वत् पञ्चपत्रेषु चापि वा ।
 नाडीष्वेतासु सर्वाणि विज्ञातव्या तपोधने ॥
 इति नाड्य त्पत्ति कथनम् ॥

अस्थ्याद्युत्पत्तिकथनम् । —

अध्यात्मविवेके—

अस्थां शरीरे संख्या स्यात् षष्टियुक्तं शतत्रयम् ।
 त्रीण्येवास्थि शतान्यत्र धन्वन्तरिरभाषत ।
 द्वे शते त्वस्थिसन्धिणां स्यातामत्र दशोत्तरे ।
 पेशीस्नायुशिरा-सन्धि-सहस्रद्वितयं मतम् ।
 नवस्नायुशतानि स्युः पञ्च पेशीशतान्यपि ।
 अधिका विंशतिः स्त्रोणां स्तनयोर्द्दिग्दिगौरिता ।
 शिराधमनिकानान्तु लक्षाणि नवविंशतिः ।
 सार्धानि स्युर्नवशति षट्पञ्चाशदयुता तथा ॥
 इति । इत्यस्थ्याद्युत्पत्तिकथनम् ॥

नाडीमुखस्थानकथनम् । —

रुद्रजामले सप्तदशपटले

तिस्रः कोट्यर्धकोटौ च यानि लोमानि मानुषे ।
 नाडीमुखानि सर्वाणि धर्मविन्दुं चरन्ति च ।
 इति नाडीमुखस्थानकथनम् ॥

इति आप्राणतोषणां प्रथमे सर्गकाण्डेऽन्नमयकोषात्मकमनुषादेह-
 कथनं नाम चतुर्थः परिच्छेदः ।

शाक्तानन्दे तु—

मासैकेन तु पूर्णेन मांसपिण्डोऽङ्कुरायते ।
इत्युक्तम् ॥

तत्रैव

आदौ सञ्जायते बीजं ब्रह्माण्डं सहस्राङ्कुरः ।
तस्य मध्ये सुमेरुश्च कङ्कालदण्डरूपपृष्ठम् ।
चराचराणां सर्वेषां देवादीनां विशेषतः ।
आलय सर्वभूतानां मेरोरभ्यन्तरेऽपि च ।
प्रदोषकलिकाकारो जीवो हृदि सदास्थितः ।
रज्जुवद्धो यथा श्येनो गतोऽप्याकृष्यते पुनः ।
गुणवद्वस्तथा जीवः प्राणापानेन कृष्यते ॥

योगिय ज्ञात्वा द्वितै याधयेतु—

तन्मधेर नाभिरित्युक्तं नाभौ चक्रसमुद्भवः ।
द्वादशाङ्गुलं तच्च तेन देहः प्रतिष्ठितः ।
चक्रेऽस्मिन् भ्रमते जीवः पुण्यपापप्रणीदितः ।
तन्तुपञ्जरमधस्थो यथा भ्रमति लुतिकः ।
लुतिक ऊर्णनाभः माकड़सा यस्य प्रसिद्धिः ।
नाभौ जीवस्य भ्रमणमात्रं स्थिति स्थानन्तु हृदयमेव ।
तेन पूर्ववचने न विवादः ॥

योगार्णवे—

मांसद्वये तु सम्पूर्णे शिरो मेदः प्रजायते ।
मज्जास्थि च त्रिभिर्मासैः केशस्त्वक् च चतुर्थके ।

एषु मासेष्वधरात्मविवेके तु विशेष उक्तो यथा—

द्रवत्वं प्रथमे मासे कललाख्यं प्रजायते ।
द्वितीये तु घन पिण्डः पेशीष्टघनमवूर्द्धम् ।
पुंस्त्रीनपुंसकान् न्तु प्रागवस्थाः क्रमादिमाः ।
तृतीये त्वङ्कुराः पञ्च कराङ्गु शिरसो मताः ॥

अत्र शस्यत्रये यज्ञेदं त्रयमङ्कुरोत्पत्तेरुक्तं तच्छरीरकेर्व्यववाचङ्कुर-
भेदेनाविरुद्धमास्त्रायभेदेन वा ।

अङ्गप्रत्यङ्गभागाः स्युः सूक्ष्माश्च युगपत्तदा ।
 चतुर्थे व्यक्तता तेषां भागानामभिजायते ।
 मातृजञ्चास्य हृदयं विषयानभिकाङ्क्षति ।
 अतो मातुर्न नोऽभीष्टं कुर्याद्गर्भसमृद्धये ।
 ताञ्च द्विहृदयां नारीमाहुर्दोहदिनीं बुधाः ।
 अदानाद्दोहदानान्तु गर्भस्य व्यङ्गतादयः ।
 मातुश्चेत्त्रिषया लाभस्तदात्तौ जायते सुतः ।
 गर्भः स्यादर्थवान् भोगौ देहे दोहद दर्शने ।
 अलङ्कारे सुललितो धर्मिष्ठस्तापसाश्च मे ।
 देवतादर्शने भक्तो हिंस्त्रो भुजगदर्शने ।
 गोधाशने तु निद्रालुर्व्वलो गोमांसभक्षणे ।
 माहिषेण तु रक्ताक्षं लोमशं स्यूयते सूतम् ।
 प्रहृष्टं पञ्चमे पिण्डं मांसशोणितपुष्टिभाक् ।
 षष्ठेऽस्थिस्रायुनाद्यादिनखकेशविविक्तता ।
 वलवह्नौ चोपचितौ सप्तमे त्वगपूर्णता ।
 अष्टमे त्वक्युति स्याताम् ओजश्चैतच्च हृद्भवम् ॥

ज्ञानभाषितु—

कर्णाक्षिनासिकारन्ध्रं कण्ठोदरञ्च पञ्चमे ।
 षष्ठे मुखं तथा पादौ सर्वाङ्गानौ तु सप्तमे ।
 सन्धिः सम्पूर्णतां याति अष्टमे मासि वै ततः ।
 एतदपि पूर्व्ववत् ।
 अण्डाधारञ्च कङ्कालं प्रारभ्य गुदमूलतः ।
 ज्ञातिंश्च ज्ञान विज्ञान ग्रन्थिनो वर्द्धते सदा ।

सारदायां प्रथमपटले—

अथ माताहृतैरन्नपानाद्यैः प्रोषितः क्रमात् ।
 दिनात् पक्षोत्तथा मासाद् वर्द्धते तत्त्व देहवान् ।
 तत्त्वदेहवानिति चतुर्विंशतितत्त्वात्मकशरीर इत्यर्थः ॥
 दीर्घैर्दूरैः सुखं प्राप्नो व्यक्तिं याति निजेन्द्रियैः ।
 वातपित्तकफा दोषा दुष्यन्तः स्युः सप्तधातवः ॥
 इति देहसृष्टौ धातु कथनम् ॥

इन्द्रियेन्द्रियार्थकथनम्—

सारदायाम्—

ज्ञानेन्द्रियाणि श्रोत्रं त्वक् दृग्जिह्वा नासिकादयः ।
 ज्ञानेन्द्रियार्थाः शब्दाद्याः स्मृताः कर्मेन्द्रियान्यपि ।
 शब्दाद्या इति शब्दस्यैश्वर्यपरसम्भवाः ।
 वाक्पाणिपादयुग्मं संज्ञान्याहुर्मनीषिणः ।
 मुख-हस्त पाद-गुद-लिङ्गानि ।
 वचनादानगतयो विसर्गानन्दसंयुताः ।
 कथनग्रहण-गमन-त्यागनन्दाः ।
 कर्मेन्द्रियार्थाः सम्प्राक्ता अन्तःकरणमत्मनः ॥

विश्वसारे प्रथमपटले—

इन्द्रियाणां गुणान् वक्ष्ये शृणुष्व कमलानने ।
 चक्षुषी रूपमाख्यातं कर्णयोः शब्दमेव च ।
 गन्धस्पर्शसंविज्ञेयस्त्वचि स्पर्श उदाहृतः ।
 प्रादानं भूजयुग्मेषु जिह्वायां रस उच्यते ।
 गुह्ये विसर्गे विज्ञेय आनन्दः स्यादुपस्थके ।
 गमनं पादयुग्मे च कथनं मुखपङ्कजे ॥
 इतीन्द्रियेन्द्रियार्थकथनम् ।

इन्द्रियाणां गुणकथनम्—

अन्तःकरणं स्पष्टयति सारदाकृतम्—

मनावुद्धिरहङ्कारश्चित्तं परिकीर्तितम् ॥

अत्र सङ्कल्पविकल्पात्मकं मनः । सर्वभावनिश्चयकारिणी बुद्धिः ।
 ज्ञातृभिमानयुक्तोऽहङ्कारः । निर्विकल्पात्मकं चित्तम् ।

यदाह—

एषा शक्तिः परा वीजरूपिणी प्रोक्तलक्षणा ।
 सङ्कल्पश्च विकल्पश्च कुर्वन्ना तु मनो भवेत् ।
 बुद्धिरूपा तथा सर्वभावनिश्चयकारिणी ।
 ज्ञातास्मात्प्रतिमानाद्या मैवाहङ्कारमञ्जना ।
 निर्विकल्पात्मिका तैव खलु चित्तस्वरूपिणी ।
 एवमेकैव बहुधा नर्तकीव प्रतीयते ॥

श्रुतिरधि—

मनः सङ्कल्पयति बुद्धिर्निश्चिनोति अहमभिमानयति चेतश्चेतयते ।

प्रपञ्चसारोऽपि—

परिण धान्ना समनु प्रवृत्त्यामनस्तदा सा तु महाप्रभावा ।

यदा तु सङ्कल्प विकल्प कृत्या यदा पुनर्निश्चिणुते तदा सा ।

स्याद्बुद्धिसंज्ञा च यदा प्रवृत्तिज्ञातारमात्मान महच्छ्रुतिः स्यात् ।

तदा यदा सा त्वतिनीयतेऽन्तश्चित्तञ्च निर्द्धारितमर्थमेषाम् ॥

सारदायाम्—

दशेन्द्रियाणि भूतानि मनसा सह षोडश ।

विकाराः स्युः प्रकृतयः पञ्चभूतान्यहङ्कृतिः ।

अव्यक्तं महादित्यष्टौ तन्मात्राश्च महानपि ।

साहङ्कारा विकृतयः सप्ततत्त्वविदो विदुः ।

विकाराः षोडश, अष्टौ प्रकृतयः, सप्तविकृतय इति वचनस्य
पर्यवसितार्थः । यदुक्तं मूलप्रकृतिरविकृतिर्महदाद्याः प्रकृति विकृतयः
सप्त ।

षोडशकं सु विकारो न प्रकृतिर्नविकृतिः पुरुषः इति तत्त्वविद इति ।
एतानि प्रकृत्यन्तानि चतुर्विंशतितत्त्वानि पुरुषान्तानि पञ्चविंशतिः ॥

तदुक्तं वायवीय संहितायाम्—

तयाविंशति तत्त्वेभ्यः पराप्रकृतिरुच्यते ।

प्रकृतेस्तु परं प्राहुः पुरुषं पञ्चविंशकम् ।

यद्वा तत्त्वविद एवं विदुः ।

एषां तत्त्वान्तर्भावात् तत्त्वविद्भिरेव संज्ञाकृता इत्यर्थः ।

सारदायाम्—

अग्निषोमात्मको देहो विन्दुर्यदुभयात्मकः ॥

शुक्लमग्निरपि रक्तं सामरूपम्, स तदात्मकत्वाद्देहोऽभयात्मक
इत्यर्थः ।

तदुक्तं राघवभट्टवृत्तेन —

कलाषाडशकञ्चन्द्रः स्याद्द्वादशकलोरविः ।

कलादशयुतो वह्निः कलाष्टत्रिंशदंशमुक् ।

स मयं सम्भवन्तोह गर्भाधानस्य हेतवे ।

अग्नौषोमात्मकं तेन गीयते सचराचरम् ।

कलांशकेन योगेन भूयाद् गर्गस्य सम्भवः ॥

पञ्चभूतेन्द्रवास्थ्यादिकथनम्—

ब्रह्मज्ञानतन्त्रे प्रथमपटले—

शिव उवाच

अस्थिमांसनस्त्राश्चैव नाडी त्वक्चेति पञ्चमः ।

पृथ्वीपञ्चगुणाः प्रोक्ता ब्रह्मज्ञानेन भाषितम् ।

मनं मूत्रं तथा शुक्रं स्त्रीषा शोणितमेव च ।

तृतीयपञ्चगुणाः प्रोक्ता ब्रह्मज्ञानेन भाषितम् ।

हास निद्रा क्षुधा चैव भ्रान्तिरालस्यमेव च ।

तेजः पञ्चगुणाः प्रोक्ता ब्रह्मज्ञानेन भाषितम् ॥

धारणं चालनं क्षेपः मङ्गोचः प्रसवस्तथा ।

वायुपञ्चगुणाः प्रोक्ता ब्रह्मज्ञानेन भाषितम् ।

कामः क्रोधस्तथा लोभस्त्रया मोहश्च पञ्चमः ।

नभः पञ्चगुणाः प्रोक्ता ब्रह्मज्ञानेन भाषितम् ॥

राघवभट्टकम्—

अस्थि मांसं त्वक् स्नायु रोम एव तु पञ्चमम् ।

इति पञ्चविधा प्रोक्ता पृथिवी कठिनात्मिका ।

लाला मूत्रं तथा शुक्रं शोणितं मज्जपञ्चमम् ।

अपां पञ्चगुणा एते रुद्ररूपाः प्रकीर्त्तिताः ।

क्षुधा तृष्णा भयं निद्रा आलस्यं भ्रान्तिरेव च ।

तृष्णात्मका गुणा एते तेजसः परिकीर्त्तिताः ।

धारणं चलनं भुक्तिराकुञ्चनप्रसारणम् ।

एते पञ्चगुणा वायव्यः क्रियारूपा व्यवस्थिताः ।

रागद्वेषौ तथा लज्जा भयं मोहस्तथैव च ।

व्योम्नः पञ्चगुणाः प्रोक्ताः शून्याख्ये शुषिरात्मनि ।

इति पञ्चभूतेन्द्रवास्थ्यादिकथनम् ॥

अन्तुनक्षत्रम् ।—

शाक्तानन्दतरङ्गिण्याम्—

प्राणापानसमानश्च दानव्यानी च वायवः ।

तन्त्रान्तरे—

इडायां संश्रितश्चन्द्रः पिङ्गलायां दिवाकरः ।

इति ।

तास्यपि सुषुम्ना मुख्येत्यर्थः ।

उक्तञ्च श्रीतत्त्वचिन्तामणौ—

मेरोर्वाह्य प्रदेशे शशिमिहिरशिवे सव्यः क्षेत्रे निषेप्तेमध्ये नाडी
सुषुम्नातिगुणमयी चन्द्रसूर्याग्निरूपा । अन्यत्रापि तयोः पृष्ठवंशं
समाश्रित्य मध्ये सुषुम्नास्थिता ब्रह्मरन्ध्रन्तु यावत् ।

अन्यासां नामान्यपि सारदायाम्—

गान्धारी हृत्स्थिजिह्वाख्या संपूषालम्बुषा मता ।

यशस्विनी शङ्खिनी च कुङ्कुमः स्युः पञ्चनाडयः ।

आसांस्थितिस्वरूपं योगार्णवे—

इडा पृष्ठे तु गान्धारी मयूरगलसन्निभा ।

सव्यपादादिर्नैत्रान्ता गान्धारी परिकीर्त्तिता ।

हृत्स्थिजिह्वात् पलप्रेक्षा नाडी तस्याः पुरःस्थिता ।

सव्यभागस्य मूर्द्धादिपादाङ्गुष्ठान्तमाश्रिता ।

पुषा तु पिङ्गलापृष्ठे नीलजीमूतसन्निभा ।

याम्यभागस्य नैत्रान्ता यावत् पादतलं गता ।

यशस्विनी शङ्खवर्णा पिङ्गला पूर्वदेशगा ।

गान्धार्याश्च सरस्वत्या मधस्या शङ्खिनी मता ।

सुवर्णवर्णा पादादीवर्णान्ता सव्यभागके ।

पादाङ्गुष्ठादि मूर्धान्त-याम्यभागे कुङ्कुमता ।

रावणा सरस्वती विश्वोदरी शङ्खिनी एता अपि प्रधानत्वेनोक्ताः ।

उक्तञ्च—

ताश्च भूरितरास्यामु मुख्याः प्रोक्ताश्चतुर्दश ।

सुषुम्नेऽङ्गा पिङ्गला च कुङ्कुमश्च सरस्वती ।

गान्धारी हृत्स्थिजिह्वा च रावणा यशस्विनी ।

विश्वोदरी शङ्खिनी च ततः पूषा यशस्विनी ।

अहम्बुधेति ॥

Reports of Societies, etc.

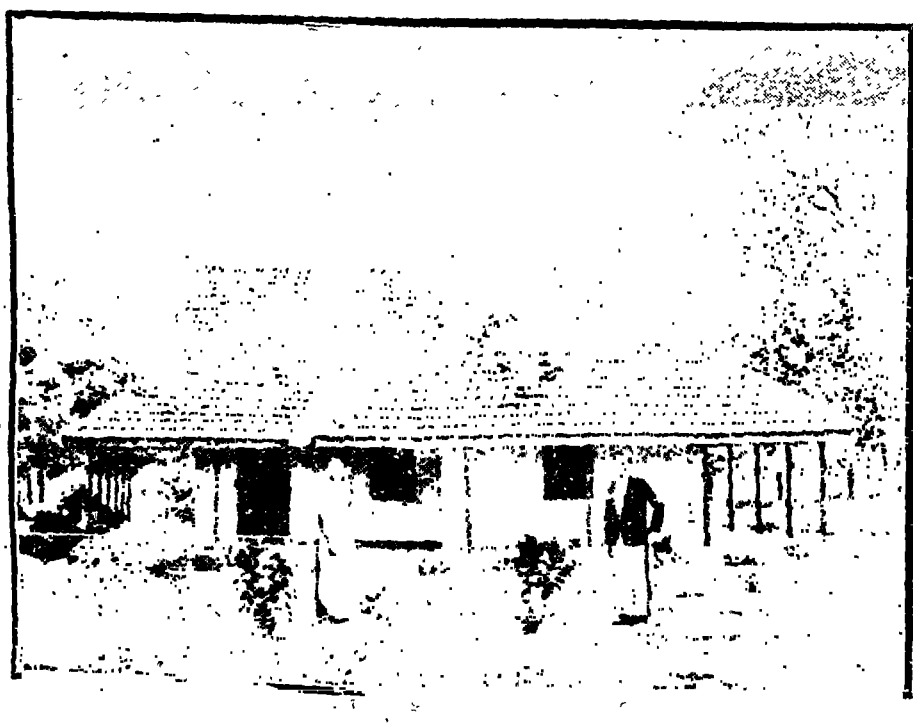
LOCAL FUND AYURVEDIC DISPENSARY

Kottapatam.

Building. The Dispensary building is situated four furlongs distant from the Sea-shore with an extensive fenced compound with all kinds of trees in all directions and free from bustle of the Town presenting a beautiful view. Medicinal herbs are being reared within the Dispensary Compound.

Furniture and utensils. The Taluk Board has supplied furniture and utensils to the Dispensary.

Wards. The Dispensary has no in-patient Wards for the present.



A VIEW OF THE KOTTAPATAM L. F. DISPENSARY.

Importance of the Town. The town is 10 miles distant from Ongole Railway Station and Motor cars ply from Ongole to Kottapatam. Kottapatam is the healthiest of all villages in Guntur District. The Dispensary is very popular being situated in the midst of most healthy surroundings on the Sea-shore, it is a health-resort and deserves to be called the Sea-side Sanatorium of the citizens of the District which is now lying unrecognised so near Ongole. It has fine, wide streets, excellent Sea-breeze, good water-supply and other facilities.

Management. The Ongole Taluk Board is maintaining the Dispensary. Although the Dispensary is an Ayurvedic one, Allopathic Medicines are also administered and minor Surgical operations are performed to suit the mentality of patients.



DR. N. KESHAVACHARLU, A M.A.C., PHYSICIAN, KOTTAPATAM
L F DISPENSARY.

Income from patients. No money is taken from the patients who get treatment in the Dispensary as it is a free Dispensary.

Certificates Opportunities have been created to take physical fitness and Sick certificates from authorities of this Dispensary according to the Cr. O No. 709 dated 21st March 1925.

Expenditure. To prove that the cost of Ayurvedic treatment is very much less than that of the Allopathic, I am giving in the following statement the number of the patients treated and the amount spent since 1926.

Year.	No. of Patients				Daily average attendance.	Cost per head per day.	No. of Labour Cases conducted.	Caste of Patients.			Grand Total.
	Males.	Females.	Children.	Total				Hindus	Mah.	O. C.	
						Rs A. P.					
1926-27	10347	5085	4017	19449	53 18	0 0 3	43	17297	1670	482	19449
1927-28	8941	4500	3027	16518	45 36	0 0 15	86	14368	1469	681	16518
1928-29	8634	5476	2660	16770	45.9	0 0 43	82	14756	1364	650	16770
1929-30	8622	5464	2315	16401	46.	0 0 44	90	14371	1393	637	16401
1930-31	8836	4927	2711	16474	46.18	0 0 4.18	104	14242	1509	723	16474

The above statement is a clear indication that this kind of indigenous treatment is cheaper than Western system of medicine.



STUFF OF KOTTAPATAM L. F. DISPENSARY.

The following gentlemen visited the Dispensary and expressed their admiration for and their appreciation of the glory of Ayurveda and towards this institution.

1. M R. Ry. B. Janakiram, Retd. Tahasildar (C. P.)
2. " Dr. G. Ramayya Naidu, Assist. Medical officer (C. P.)
3. " Dr. Gopala Sastry, Vice President, Tq Board—ONGOLE.
4. " J. Thirumala Rao. B. A. L. T—
5. " Dr. J. R. Wood. C. M. Hospital—
6. " Rao Saheb V. Sreeramulu Naidu, Ex-President, Tq. Board.
Chairman M. Council—Ongole.
7. " G. Vandanam, B. A. L. T., Corporation Education Officer,
Madras.
- 8 M. R. Ry. Rao Saheb C. V. Krishna Rao—ONGOLE.
9. " Y. Bharatha Sastry, B. A. M. L. District Munsiff, Narasapur.
10. " Dr H. Venkata Rao, L. M. & S.—Madras
11. " Dr. Velan, Inspecting Officer, Indigenous Medical Insti-
tutions—Madras.
12. " K. Jeyarama Reddi, Tempy. P. T B.—Ongole.

13. „ G. Ramakantha Charlu, B. A. Tahasildar—Ongole.
14. „ U. Sreeramalu Chowdary, B. A. P. T. B.—Ongole.
15. „ N. V. Hanumantha Rao, B. A. B. L., Vice Chairman, M. Council, Narsaraopet.
16. „ K. Aruna Chalam, M. A., Inspector of Excise, Bapatla.
17. „ S. Venkatachalam Chetty, M. L. C.—Madras.
18. „ A. Janakiram, B. Sc., Personal Assist. to the Principal, Madras Ayurvedic Collage,—Madras
19. „ B. R. Naidu, G. M. V. C. Veterinary Assist. Surgeon.—Ongole.
20. „ S. Subba Rao, B. A., Member Advisory Committee, Govt. Hospital—Ongole.
21. „ Rev. T. V. Witter, M. A., Missionary, A. B. T. M. Venkataramanayya Podili (Nellore Dt.)
22. „ M. Kamigin, B. A., B. Ed., (Do)
23. „ Ghouse Mohideen, B. A., Supdt Finance Office (Hyd Deccan).

Following Principals of the institutions sent their highest opinion regarding the work of the Dispensary.

1. Bhishagratna Dr. A. Lakshmipathi, Principal, Madras Ayurvedic College.
2. Ayurveda Bhushana N. Ramasastry, A. K. A. C., Principal the Ayurvedic College, Bezawada.
3. Kaviraja, Prathivathi, Bhayanker Kristnamacharlu, Principal, Ramamohan Ayurvedic College, Bezawada

The following Medical Journals have given opinions regarding this institution and its work.

1. The Journal of Ayurveda, Calcutta.
2. Sree Dhanvantari—Madras.
3. Arogya Prakasika—Ellore.
4. Andhra Vaidya Sammelana Patrika—Muktyala.
5. Kowmodaki—Nandyala.

To the Editor,

No. 2, Horokumar Tagore Square, Calcutta.

SIR,

In continuation of the brief history of my dispensary sent already I request you to invite your kind attention for the following information to add these statistics in the statement already prepared, for the year 1931-32. also, otherwise the figures for the previous years without this year will remain meaningless.

Hoping you will comply with my request and do the needful and publish the brief history of the dispensary with all information given, along with the illustrations.

Year.	Number of Patients				Daily average attendance	Cost per head per day.	No of Labor Cases conducted.	Caste of Patients.			Grand Total.	Remarks.
	Males	Females	Children	Total				Hindus	Mah.	O. C.		
1931-32	552	5633	6539	20724	56 78	Rs As. P 0 0 3.12	87	5512	684	218	6414	As I am preparing almost all medicines (Ayurvedic) locally, the costs comes only to 3.12 pies per patient this year.
								For New admissions only.				

Yours faithfully,

N. Kesava Charlu.

BIHAR PROVINCIAL AYURVEDIC CONFERENCE.

The twelfth session of the Bihar provincial Ayurvedic conference was held at Hajipur on the 16th and 17th March with due eclat under the presidentship of Kaviraj Bhubhusan Sen, Kavyavakarantirtha, professor of Govt. Ayurvedic school, Patna. This conference was presided over in the past by such distinguished personages as the Maharajadhiraj of Darbhanga, Maharaja of Amaon, Justice Sir Jwala Prasad, Ayurveda Ratnakar Pandit Brajbihari Chaturvedi and others. The president read out an elaborate and learned address in Sanskrit. Besides, there were some papers read and lectures delivered in the meeting which showed the amount of research work carried out in this branch. Several resolutions were adopted for the improvement of Ayurveda. An exhibition of indigenous drugs, minerals and books was held and Mr. K. P. Sinha, M. A., I. C. S., S. D. O. of Hajipur performed its opening ceremony. Rai Bahadur Pandit Mathura Prasad Chaturvedi, B. A., Excise Supdt. of Saran became the Chairman of the reception Committee.

Reviews and Notices of Books

—:0:—

We have received a copy of "VYADHI VIGNYAN" for review. This book has been written on demand of the students, and on the request of the of D. A. V. College, Lahore, College Managing Committee, as a Text Book in the Ayurvedic College. First part is in our hands, and second part is expected to be available soon. The book has been written by Dr. Ashanand Panjratn, M. B. B S., Vaidya Acharya, of the above College.

This book is specially meant to give in Hindi language causes, symptoms, and diagnosis of diseases according to the Western medical science, which so far has not been given in any book in HINDI. Special chapters on "ROG PRIKSHA" containing clinical medicines, examination of urine (which every Vaidya can do himself without microscope) and use of Stethoscope etc. are added in the beginning. The treatment in brief is also described with each disease and as well as in general according to both Ayurvedic and Allopathic systems. It has also been tried to give doses, chief actions and directions for the use of such allopathic drugs which Vaidyas usually intend to use in their practice.

The book no doubt serves a great purpose and removes a long-felt want. The style, get-up, illustrations, printing and mode of presentation of the subject matter leave nothing to be desired and we have every reason to believe that the book will have a very good circulation among the Hindi knowing Kavirajes and Students of Ayurveda. The book is priced at Rs 3-10 only and is available from the author direct or from the publishers, Birat Pharmacy, Chamberlaine Road, Lahore.

—:0:—

Eugenics And Birth-Control. A Striking, Candid Contribution to Married Happiness and Social Welfare in the Tropics By Mercas Heynes Wood, Assisted by Cedric Dover, The Times Publishing Co., Lahore. 1931, Pp. 120 Price Rs 3.

In this neat little hand-book, the authoress has fulfilled her intention, that is, to present in a concise and popular manner, the essential characters of Eugenics and birth-control controversy. The book has appropriately been dedicated to the women in the East and to those noble men and women who are devoting their lives to social service.

The book is divided into two parts. Part 1 deals with Eugenics and Birth-control in ten chapters. Eugenics—definition, basis, history, present position, arguments against it, sterilisation of defectives. *Birth-control*—race-suicide, religious attitude, arguments for and against it, Part

it deals with the methods of birth-control, the ideal method, contraceptive technique, the different methods in practice for women in different conditions of life with illustrations and critical study, some formulas, and the evils of quackery. In the Appendix, there is a list of books on the subject for reference.

The appearance of the book is of vital importance to the people of India, both as a contribution to secure domestic happiness, and as a stimulus to the study of race-culture, especially when the people of India want to stand on their own legs. The nation is made up of individuals, and no nation can be great unless the individuals are healthy and strong. Unfortunately race-culture, or bettering of the conditions of life of the human race is unknown now-a-days in India. Race-culture as a science was not however unknown to Indians in ancient times. Elaborate rules were codified to ensure good health, successful marriage and domestic happiness. The dialogue of Yama and Yami in the Rgveda is nothing but a prohibition of marriage amongst blood-relations. The laws of heredity were well-understood, and the system of *Kulinism* is a systematic application, or rather experiment, of the truth of the laws of heredity. It is analogous to a system of scientific breeding of a good stock carried on in a large scale and for a long time, and is a practical application of the theory of Mendel. The object of marriage was considered to be the begetting of healthy children, and a proper regard for posterity was the key-note of all religious and social functions observed in connection with pregnancy and child-birth. The Obscenity Law has sounded the death knell of many useful social customs and ceremonies. As an example we may mention the ceremony of second marriage as it is called. The elderly ladies used to meet together and would impart to young girls the knowledge of sexual science, so that she might be made fit to be the companion of the bride-groom. Sex knowledge was not a prohibitive field of study. The methods of birth-control have been advised through religious ideas and ceremonies, which are still practised in a mutilated condition. Women were generally delivered in their fathers' houses, and she used to refrain from sexual act for at least six months. She would go to her husband's house when the rice-eating ceremony of the child was to be performed in the sixth month. In the lying-in-chamber she would live in confinement for a month. Susruta, the great surgeon, advises us to observe three months as the minimum period when she should refrain from the company of her husband.

The book and the references show that the authoress has cast far and wide for information and description of the contraceptive methods. Her treatment of the subject is thoroughly scientific and she has dealt with the subject in an up-to-date manner; and what is more, she has

always evinced her sympathy for her sisters in the East, and there is scarcely any remark which may offend their sensibility.

The book will serve its purpose well, offering, as it does, clear exposition of the chief facts of importance in connection with the subject. All social workers will find the book interesting and of value.

The style is lucid and simple; technical words have been avoided as far as possible. The printing, paper and the illustrations are good, and the price moderate. The book should be translated in the vernacular languages of India, and should be placed by all well-wishers in the hands of youngmen and women.

G. N. M.

Reviews and Notices of Drugs

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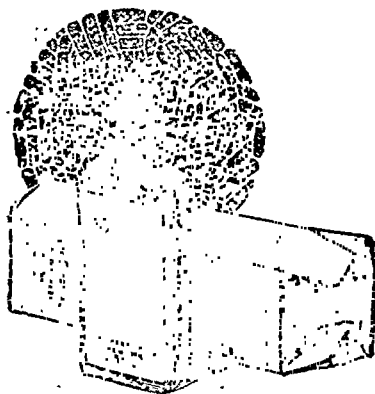
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or the Hindu System of Medicine

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THE JOURNAL OF AYURVEDA

Vol. VIII.]

May, 1932.

[No 11

Preparing for 'The Baby'

A FEW WORDS FOR THE WOULD-BE MOTHERS.

BY

A DOCTOR WHO IS A MOTHER

To build beautiful, healthy, spirited and happy babies is the *summum bonum* of the married state.

Opinions widely vary as to the degree of influence exercised upon the child by conceptional and ante-natal conditions, and by the maternal state of mind. But experience has shown that whatever disturbs, starves or pollutes the bloodstream adversely affects the unborn child, giving it a bad start or laying a poor foundation to mental, nervous or physical health. This fact makes it perfectly plain, then, that the woman to whom pregnancy is possible or who is already *enceinte* should :

1. Love her offspring with every fibre of her being : not super-possessively in a manner to wrap or cramp its true personality, but courageously and understandingly.

2. Make and keep her body a fit temple for the wondrous work of baby-building and the launching of a soul.

3. Joyously and willingly bear whatever transient discomforts and renunciations that maternity may bring and be confident that she will do her job perfectly well.

4. Regard the ultimate act of birth with brave serenity.

5. Deliberately close her ears to all "old wives' tales" and accounts of so-called complicated confinements, at the same time observing and comparing the different departments of pregnant women and the different methods of

handling infants. Definitely seek to gain knowledge in everything relating to the wide subject of mothercraft.

6. *Cultivate a warm-hearted and cheerful outlook, a broad, sunny horizon even in the face of difficulties, and not think or talk about one's conditions as that of illness.*

7. *Cultivate the ability to relax completely when a short spell of repose seems indicated, and master that tendency to irritability which often comes to the pregnant woman and if encouraged, will surely grow into habit that may ruin lactation.*

Now I will just deal briefly with those disagreeable but transient maladies which some pregnancies involve. Morning sickness, first. Many women, having felt conception has occurred and possibly missed a date, begin to expect nausea and morning sickness. This is silly, because the mind so reacts upon the body that sickness can actually be produced in this manner.

Remember that a clean and smooth-working digestive tract means fitness, purity of blood, clearness of mind and sound nerves. It is plain then, that in the early weeks of pregnancy one's chief concern should be the establishment of perfect elimination of waste. Baby is fed through the blood-stream of the mother : so let the maternal blood be poison-free, rich, vigorous and fully charged both with live elements and oxygen. Natural means are always the best, so I mention natural ways of achieving an elastic, vigorous intestine.

Drink an abundance of fresh water. Take plenty of fresh fruit, salads, green vegetables and butter, cut down sugar and starchy foods ; eat stoneground, wholemeal flour only in your bread, and practise the following movements—

Take a deep, gentle breath and draw in the abdominal wall on every possible occasion ; begin with twice and increase to ten times. With hands on hips smoothly bend the trunk over from side to side. Place the feet well apart have knees and ankles loose and rhythmically rotate the

lower part of the body. It should be followed by lying face downwards with a cushion beneath the body, and another for the head and arms to be comfortably disposed upon. Ten minutes' relaxation in this position brings a wonderful feeling of freshness. The woman who needs must do her own floor-cleaning on hands and knees is fortunate, to a certain extent, for the quadruped posture is very good for us to assume occasionally. It allows of the contents of the abdomen to be slung in a natural way that strengthens the broad ligaments and the spine muscles, and aids in the discharge of waste.

If, however, sickness does persist and your condition be normal, do *not* let it worry you. Eat small quantities of what you fancy when you feel like it ; and try to keep your mind occupied. I can assure those who suffer with pregnancy sickness, that rarely does the baby suffer if what food the mother takes is full of nutriment and is readily assimilated. One woman I know could keep nothing down for the first three months and a half except small draughts of soda and milk, and an occasional egg, a little fish and lemon juice and grapes. With the quickening all sickness vanished ; and she enjoyed a perfect digestion right to the end ; and her baby was wondrously fit and plump.

Foodstuffs which should be rigorously reduced just now and during lactation (if not permanently) are : sweets, meat and potatoes, rich dishes, starchy things and condiments.

If the maternal diet be deficient in vitamins and mineral salts and fats, before the developing embryo goes short, it will rob the mother of the necessary elements. This means that she cannot feed her babe, that she will be prone to neuralgia, haemorrhage and general debility besides emaciation and exhaustion, and dental caries. The child, who, having taken all it can get from the maternal blood-stream and yet remains short of calcium, vitamins and fats is the undeveloped, weak-hearted,

catarrhal, rickety baby who is a constant source of anxiety to rear and then falls below normal standards. Mineral salts are found largely in raw vegetables and salads, fruits and milk, which also provide calcium. Olive oil and fresh butter, wholemeal stoneground flour and pulses in moderation give fitness and vigour, firm bones and good teeth and ensure a robust delivery with satisfactory lactation to follow.

If a woman be used to swimming, she need not renounce them now. But strict moderation and absence of strain should be her watchword in all things, doctor having satisfied himself that everything is well and normally progressing. On the other hand, the wife who is lethargic or who leads a too sedentary life or who is self-indulgent in her habits, must bestir herself and discipline her life.

Daily walks are essential to health and happiness, but two small walks are better than one long tramp. Housework of all kinds, especially bed-making, sweeping and mopping, are very beneficial. It is important that the expectant mother moves with rhythm and freedom; hanging on some one's arm should not be practised unless there be weakness or some faultiness in uterine position which necessitates it. Should there be discomfort in walking and moving, medical attention must at once be drawn to the fact; and any discharge or loss reported and treated by bed till further orders.

Standing about is harmful and wasteful of energy. The carrying of heavy things is to be condemned, because it strains the ligaments and pushes the gravid uterus downwards. Reaching up is not harmful, provided there is no strain and the whole of the body above the hips is lifted also. This is the correct way to reach.

Rest and sleep are important factors. It is better to lie down upon the floor or a divan—often with the legs and thighs well raised on some support—for half an hour, than to flap and lounge about all anyhow for hours during the day.

In rare instances when shortage of sleep affects the nerves, causing depression or neuralgia, and the root of the trouble is neither constipation nor a septic focus in the mouth, general massage is helpful. One should lie at night on a firm, hardish mattress which gives complete restoration to spine and organs, while the aid of extra pillows should be sought in gaining maximum comfort. Windows should be wide open and a drink should be handy. In cases of cramp it is helpful to rise slowly, put the feet to the ground and rub the thighs. Returning to bed, the knee-and-elbow position should be adopted for a little while.

Not the least of the mother's preparations is that which concerns her breasts. Many a baby is indifferently fed or forced to be weaned through failure on the mother's part to get her breasts ready for the business of sucking, and many a new mother suffers agonies with cracked nipples that weren't prepared. Begin twice a day to stroke the breasts with a wide circular motion round and upwards from the armpits. Bathing in cold water is a fine stimulus and it is not too early at three months to commence scrubbing the nipples with a soaped nailbrush. The nipples should be then rolled gently between finger and thumb and lubricated with olive oil. If nipples are inverted they should be drawn out firmly.

Apropos of olive oil—if the thighs and abdomen be massaged several times a week with olive oil there'll be no ugly markings!

Plenty of warm and tepid baths are excellent, and cold sprays are most tonic to the expectant mother. Towards the end of her time, the expectant mother should make a point of having a sitz bath daily. Brisk friction of the skin until it glows, currents of fresh air upon the whole of the body do un-questionable aid in blood-purification and toning up of the body and, therefore, in helping towards a good birth and a fine babe.

From the Calcutta Municipal Gazette.

Original Articles

AYURVEDIC THERAPEUTICS OR THE SCIENCE OF RASA, VEERYA VIPAK AND PRABRAVA.

BY

VAIDYABHUSHAN PURUSHOTTAMSHASTRI HIRLEKAR,

AMRAOTI

*and translated from his Marathi compilation by Ayurveda-
charya Pandurang Hari Deshpande, Poona.*

APPENDIX I.—ANURASAS OF UPARASAS.

The portion of the substance clearly perceived by the tongue is called "Rasa" and its six varieties such as Madhura, Amla etc., have been already enumerated. Among these six Rasas, that which gives clear perception of any substance is its proper Rasa, though one or more Rasas may also be additionally perceived and it cannot even be said that the rest (unperceived) do not exist. Really every substance consists of all six Rasas, but it is supposed that amongst them, those which are clearly perceptible only act on the human body.

Among those that are not clearly perceptible, some are totally imperceptible, but such of those which are not clearly perceptible can be said to have been effecting some action or the other on the body. Such Rasas (not clearly perceptible) are called *Anurasas* or *Uparasas*. Some substances contain such Anurasas and some do not, but those which contain do show somewhat different effects. The Anurasa (such as Madhura Anurasa etc.) of a certain Rasa will effect rather broadly that action which would have clearly been effected by that particular Rasa, or to speak correctly the action of any substance is felt of the Rasa vividly manifestable along with that of the Anurasa. So then it need not be said that the action of an Anurasa is rather unclear as it in itself is unclearly perceptible in the substance. While the main Rasa gives perception, some other Rasa does give perception, though slightly, and so it cannot be said that it is in very small degree and, therefore, it is impossible not to

get experience of its action on the human body along with that of the main Rasas. If this action is contrary to the action of the main Rasa, it must be well considered, as the action of the main Rasa will be less effective and lose its importance.

Among the Anurasa also, two kinds are possible, one in similarity and the other in contrast to the main Rasa. The former will be helpful and strengthening and the latter resisting and weakening the action of the main Rasa.

The similar Anurasa can be experienced along with the original Rasa but rather indistinctly, while the dissimilar Rasa can be experienced at the end of the original Rasa. So also it is clear that the actions of these two Anurasa can be experienced at different times. The action of the similar Rasa being helpful to the original Rasa can be experienced along with it, while that of the dissimilar afterwards. These two different varieties of Anurasa are mentioned in the verse as

सद्वर्णः सत्स्वः सत्प्राग्भासः (५५५)

meaning, that is the Anurasa which is the indistinct part of the substance as also that which can be felt afterwards.

It is, therefore, essential to take into consideration the actions of Anurasa along with those of the Rasas, at the time of settling the actions of substances upon the human body. If a substance is of the Madhura Rasa and if it has a separate Anurasa but similar to the Madhura Rasa, it will be helpful to bring about the action of the Madhura Rasa, readily and effectively. For instance, Pomegranate (*Punica Granatum*) is a fruit which has Madhura as its main Rasa but Amla and Kashaya are its Anurasa. The Amla Rasa is similar to the Madhura Rasa while Kashaya is dissimilar to it. The Madhura Rasa is not displeasing but somewhat pleasing, remover of Vata and producer of Kapha are two common properties in the Madhura and Amla Rasas, while Amla is more tasteful and stimulant. In the case of Dyspepsia where tonic is essential, but loss of appetite is along with it, a substance of Madhura Rasa will never be effective, because Madhura Rasa is rather slow to be digested and it is not even relished on account of tastelessness of the tongue,—in such a case the assistance of Amla Rasa, which possesses tasteful and stimulant properties, becomes effective. Relish on account of its tastefulness and stimulant on account of its digestiveness, being the two properties very essential in such a case, help the Madhura Rasa which brings about the nutritive effect. The sourness of the

Anurasa in the Pomegranate being in small degree, the nutritious action of the Madhura Rasa is not hampered. It is, therefore, that pomegranate is of stimulant, digestive and tasteful properties. But it is not so much nutritious as expected because there is also Kashaya as its another Anurasa which is opposed to the nutritive property of the Madhura Rasa. Of course, this astringence being of the Anurasa, having been felt at the end, the pleasing action of the Madhura Rasa

आस्वाद्य-मानो देहस्य ह्लादनः । (वा. सू.)

is sure to be felt at the beginning. The stimulant action is effected on account of the Amla Rasa but due to the Kashaya Anurasa which is also felt along with it, the nutritious action of the Madhura Rasa is left out. It is, therefore, a triple action of the Pomegranate that takes place as removing Vata by the Madhura and Amla Rasas, removing Pitta by the Madhura and Kashaya Rasas and removing Kapha by the Kashaya Rasa only,—thus in all helping to adjust the deranged condition of the three Doshas and is so extolled in Ayurveda.

Ataroosha (Adhatoda Vasica) has Tikta Rasa but having Kashaya as its Anurasa, its action is not of the Tikta Rasa alone but effects action of these two combined. Purification, clarification, cleanliness are the properties of the Tikta Rasa, but the property of constipating that is in Ataroosha is of its Kashaya Rasa; so also there is Katu, a somewhat Anurasa and so Ataroosha becomes somewhat piercing. Its properties are stated thus :—

आसकासज्वरच्छर्दिमोहकुष्ठचयापहः ।

वासः तिक्ता कटुः शोथः कासघ्नी रक्तपित्तघ्नी ।

कामलाकफभैकुल्यज्वरश्वास चयापहः ॥

meaning it cures Bronchitis, Vomiting, Fainting, Skin-Diseases, Consumption, Scurvy, Jaundice and Asthma and removes Kapha; out of these curing Scurvy is due to Kashaya Anurasa as restraining and healing properties are required for the cure of Scurvy and both of them exist in the Kashaya Rasa, and not in the Tikta Rasa. So also its somewhat bitter rasa brings about its piercing action which helps to remove the thick phlegm in Bronchitis and bile in Jaundice. In all, Ataroosha is possessed of purifying, restraining and piercing properties which are due to its combined Rasas,—bitter, astringent and pungent. This will enable the reader to gauge the Anurasas and their actions on the human body. It will then be clearly understood that while describing the action of

a substance as from its Rasa the same may be finally settled by taking into consideration the action of the Anurasas. It is, therefore, that Anurasas like the Rasas must be fully known. Truly the action of the Anurasa is the same as that of the similar Rasa but in less degree, so it must be ascertained whether the Anurasa is similar or otherwise before its properties are gauged.

The Veerya of a substance is also changed by these Anurasas. If a substance has one clear Rasa, its Veerya will accordingly be one only. But there cannot be only one Rasa in the substance, a combination in more or less degree of more than one Rasa exists in it. It is, therefore, that many varieties of Veerya have been told, though two only are said to be Veeryas of any substance. Having told cold and hot as two Veeryas, greasy, dreary, heavy, light, mild and strong are said to show the comparative sub-classes of it and can be formed on account of the various combinations of the Rasas and Anurasas.

In the innumerable substances there are only two kinds of Veeryas—*Ushna* and *Sheeta*—but there are comparatively many varieties and so the action of every substance upon the human body is of different form. One substance is of *Sheeta Veerya* and has *Snigdhatā* along with *Sheetata*, while another has *Rookshatā* along with *Sheetata*. One substance being of *Ushna Veerya* has *Kharatvam* while another of the same Veerya has not got it. This is what is said to be the relativity of *Sheeta* and *Ushna* Veeryas which is due to the variety of combination of the Rasas and Anurasas in the substance.

EXAMPLES.

1. *Shyonak* (*Crocyllum Indicum*).

Text Properties:

दुष्ट को वातजिद्रुचः शीफहाशिवलप्रदः ।

तुवरः शीतलासक्तो वस्त्रिगहरः परः ॥

पित्तश्लेष्माभवातारि. आसकासरुचौर्जयेत् ॥

In this description *Syonak* has been said to be *Sheeta* and *Rooksha*. Really *Sheeta* and *Rooksha*—the two varieties of Veerya do not belong to the same class but the Rasas of this substance are *Kashaya*, *Tikta* and *Katu*. So, possessed of *Rookshata* as also having *Katu* as one of its Rasas, *Sheetata* is possible due to *Kashaya* and *Tikta* Rasas with it. Evidently, this *Sheetata* cannot be of the same type as that of the *Madhura* Rasa or *Snigdha*

Veerya, but it can clearly be noted that it has so much Sheetata on account of the abovenoted Rasas so as to make it clear that it has not got hotness which is always with Rookshata.

2. Kumari (*Aloe Indica*)

कुमारी मेदिनी शीता तिक्ता नेम्बू रसायनी ।

सधुरा वृद्धणी बद्धा वृष्या वातविषप्रणत् ॥ १ ॥

गुल्मीहमकृच्छिदिकफज्वरहरी भवेत् ।

अभ्यग्निदग्धनिस्फोट.....त्वक्प्रदान् ॥ २ ॥

In this description of the properties of Kumari one specially notable contrary property can be seen, and the same is that Kumari even being Sheetata effects the action of tearing (मेदिनी). It is due to this tearing property that it is indicated in enlargement of the liver and glands.

The tearing property is not due to sweetness nor to bitterness and in the description of properties no other Rasa or Anurasa has been given. It must, therefore, be well considered how Kumari possesses this property.

The act of tearing is due to the severe property of Veerya. This severity exists in pungent rasa, so also it can be found in the severe form of the bitter rasa. The bitter rasa of Kumari is exceedingly severe and the same can be known from its vehement odour. This vehemence is really severity. Besides, there is also some tint of pungence in Kumari, but the same is not given in the above description though we do not understand why it should not have been given, so also it is not told in the above description that Kumari is of severe Veerya.

From these properties of Kumari, one thing can be concluded that according to the combination of Rasas in the substance, the active Veerya of the substance varies according to the Uparasas or Anurasas. It is, therefore, that the knowledge of Anurasas, just as that of the Rasa, is essential for getting an idea of the kinds of Veerya.

IDEA FORMED FROM THE VARIETIES OF VEERYA ACCORDING TO THE COMBINATION OF RASAS & ANURASAS.

Rasa	Anurasa	Common Veerya of the Rasa	Specialities.
I. Sweet	Sour	Cold	Digestive, stimulant.
"	Bitter	"	" & purifying.

<i>Rasa</i>	<i>Anurasa</i>	<i>Combination Veerya of the Rasa</i>	<i>Specialities.</i>
Sweet	Pungent	Cold	Digestive, & piercing.
"	Salt	"	" & Oozing.
"	Astringent	"	Restrainer.
II. Bitter	Pungent	Hot	Severe, Oozing, piercing,
"	Astringent	"	Slow, Restraining & Healing.
"	Salt	"	Severe, Oozing.
etc.	etc.	etc.	etc.

The properties—piercing (Vyavayita), Spreading (Vikasita), laxativeness (Satata), oozing (Abhishyandita), digestiveness (Pachakata), are possible in the severe stage of sour, bitter and pungent rasas.

The main Rasas of substances so also the Anurasas are fixed viz. six. But as their proportion in substances is different, Veerya according to them, though fixed, is of different forms. It is, therefore, that the relative difference of Veerya should be recognised as per the proportion of Rasas and Anurasas, even though a broad idea of Veerya may be had. And then it will be seen that as there is innumerable combination and proportion of Rasas and of Veerya according to them in substances, the action of these substances in accordance with them is also of innumerable infinite nature. This action can only broadly be gauged by outwardly knowing the Rasas and Anurasas, but for the sake of clearly understanding the properties of substances, the relative proportion of Rasas and Anurasas in them must be fully recognised. It is, therefore, said by the Ayurvedists

ते रसानुरसतो रसभेदास्तारतम्यपरिकल्पनया च ।

संभवन्ति सगनां समतीता

दोषभेषजवशादुपयोज्याः ॥ १ ॥ (अ. ह.)

(i. e. as there can be innumerable varieties of Rasas according to the Rasas and Anurasas and their relative combination, they should be brought into use according to the Dosha (disorder) and an efficacious medicine to remove that disorder.

(To be continued).

AMARASA

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In the science of Ayurveda, mention has been made of two stages, the आम and पक्वावस्था of many diseases. In treatment also, prescription of medicines is different according to different stages. आम requires पाचन medicine, whereas निराम requires शमन. It has been said, 'सामे पाचनं निरामे शमनं'। साम is that disease which is attended with आम, that is, the stage of the disease in which it is attended with साम is आमावस्था. But if the disease is not cured even after disappearance of आम, it is निराम। पाचन medicine is prescribed in आम। पाचन is that medicine which, when taken, corrects the आम। शमन medicine is applicable in the निराम stage. The medicine which when applied cures a disease is termed शमन।

Hence we find there are some diseases which are mixed up with आम। Disease originates the irritated disorder of वायु, पित्त, कफ। When this आमरस becomes mixed up with दोष, it is called सामदोष and the disease is सामरोग। If आम be digested, आम relationship of दोष disappears and it is निरामदोष। If the disease be not cured, then the disease is called निराम।

Now the question is, what do we mean by आम? Generally, by आम we mean raw or acute. Pointing at it, a group of sayants say that the primary defect of दोष is called आम। "प्रथमा दोष दृष्टिश्च केचिदामं प्रवचते।" In the topic of dyspepsia, mention has been made of one kind named आमाजीर्ण। In that case, food is not digested as it cannot be secreted with the decocted (पाचक पित्त) digestive juices. Here undigested food is the cause of आमाजीर्ण। What has been referred to as आमरस in Ayurveda and what is the cause of सामदोष or सामरोग are neither of these two.

"आहारस्य रसः शेषो योनः पक्वोऽग्निं लाघवात्।

स सूलं सर्वरोगाणां इत्यभिधीयते ॥"

The food we take becomes digested by gastric juice and is then forked into प्रसाद and किङ्ग; of which the former is termed अन्नरस (food juice). As soon as it is begot, it is absorbed by whole of

the body from the आमाशय । It has been mentioned in Chrak-samhita :—

“आमाशय गतं पाकं आहारः प्राप्य केष्वनम् ।

पक्कः सर्वशयं पश्चाद् धमनीभिः प्रपद्यते ॥”

चरक—विमानस्थान, २५ अध्याय ।

This food juice pervades the whole body and causes nourishment

“पुष्यन्ति त्वाररमात् रसरुविरसोऽसमेदोऽस्थिमज्जशुक्रौजांसि पञ्चेन्द्रिय द्रव्यानि धातुप्रसादसंज्ञकानि शरीर सन्निवन्मपिच्छादयथावयवाः ॥”

चरक—सूतस्थान, २८ अध्याय ।

Food juice being digested is transformed into रस, रक्त etc. So long as it is not changed into them, its character of food is not lost and consequently does not get the quality of शरीर धातु । When one kind of matter is transformed into another, some dross must come out of it. At the time of digestion of food juice into रसधातु, its dross comes out as urine.

‘किंमग्नस्य विमूढं ।’ चरक—ग्रहणी-चिकित्सा ।

In Ayurveda, by urine we mean useless aquatic portion ; whereas, the occidental science avers urine as the mixture of uric acid, urea, ammonia etc. But as they are not related as parts to the whole regarding urine, they cannot be called its constituents. They exist concomitantly ; it has been admitted in Ayurveda. Regarding the function of urine, Sushruta says, ‘किंमग्नस्य विमूढं ।’

Regular combustion in the body generates dross and urine washes out. Thus it acts as an antidote.

During transformation of kind of one matter into another, it requires concoction which is performed by heat. Bodily heat comes down by taking medicine which causes loss of heat ; which consequently affects digestion. So food-juice cannot be transformed into रसधातु । Therefore, as a result of the prevention of the coming out of urine, above mentioned dross also cannot come out and spoils the food-juice. This spoiled food-juice has been called आमरस । It may grow in two ways. It has been mentioned formerly that the digested food is absorbed from the आमाशय ; but when obstructed, it remains stored up within the आमाशय and becomes virus. As a result of non-absorption in the body, the dross cannot come out through the agency of urine and effects poisonously.

Secondly, if the food-juice after absorption in the body be not separated from urine, it takes a form of *आमरस*. In all diseases, arising out of *आम* such as, fever, dysentery, Rheumatism, gout etc., diuretic treatment is advised. This *आमरस* may come from the body to stomach and thence it is absorbed in the body. पाचन medicine of which reference has been made formerly in case of *आम* helps combustion of *आमरस* and thus separates it from urine on the one hand ; on the other, its current being checked, it is purified.

WHAT ARE VITAMINS

AND HOW ESSENTIAL ARE THEY TO HUMAN LIFE ?

BY

DR. D. T. QUIGLEY, M.D., T.A.C.S.

“Only through an understanding of the vitamins, our food should contain, can we bring the human race through the morass of Physical Weaknesses and Degeneration of to-day and save it from ultimate destruction !

VITAMIN

A Stands for Clear Eyes and Long Life.

B Stands for Steady Nerves.

C Stands for Strong Muscles and General Health.

D Stands for Sunshine and Sturdy Bones.

E Stands for the Propagation of the Race.

Vitamin *A*, found principally in milk, butter, animal fats and yellow-colored vegetables, protects us against eye diseases and blindness.

Vitamin *B*, found principally in wholewheat bread, bran and brown rice, protects us against beri-beri which once decimated the Japanese army.

Vitamin *C*, found principally in lime and other citrus fruits, protects against scurvy which used to attack sailors on long voyages.

Vitamin *D*, found principally in unadulterated sunshine and cod-liver oil, protects us against tuberculosis, and our children

against rickets. This is the vitamin that builds healthy bones and strong teeth.

Vitamin *E*, found principally in the oil contained in the germ of wheat, and green lettuce, protects against Childlessness.

Perhaps the most important single thing governing the health of the human race is the vitamin content—or, as in many ill-advised cases, the lack of vitamin content—to be found in our daily food.

“Vitamin” is a word all of us have heard a great deal of in the last ten years, yet it is also a word that the average person would be hard put to define.

It is, therefore, the purpose of this introduction to briefly give the reader some idea of what modern medical science and modern dietetics understand by the five vitamins—*A*, *B*, *C*, *D*, and the one about which we know the least, *E*.

If the kind of food we eat every day is deficient in any of these vitamins, and that deficiency is not in some way supplied, the result may be most serious, as later I shall point out in detail. In other words, if we do not get enough vitamin *A*, our bodies will suffer in certain definitely proved ways which, if not checked by supplying the necessary vitamin content to our diet, may result in grave illness and even death.

It is obvious, therefore, that we should know something about vitamins, what foods they are present in, the constancy and quantity, so that our bodies may be properly nourished—for the only answer we can ever make to death is life that is vibrant and strong, the life that sufficient vitamins will support and make glow.

We are here presenting the first part of one of the most valuable scientific studies of the year on the essential nature of the vitamins as health regulators, and how we can recognize them in every day existence, written by a well-known medical research worker and Roentgenologist, whose contributions to our knowledge of the basic necessities of human life, as well as the cause of cancer, are noteworthy.

In treating the vitamins I shall put *B* before *A* because *B* was first to be discovered.

Vitamin *B* deficiency has caused much illness and many deaths. The effects of vitamin *B* deficiency were first brought to public notice in the epidemics of beri-beri which were common occurrences in Japan and China about half a century ago. At

one time, about half of the personnel of the Japanese army and navy were ill with beri-beri. The deaths were in the hundreds of thousands. Scientists from all parts of the world went to Japan and Eastern China to study the disease. It was finally determined by experiments made on pigeons that the pigeons fed on polished rice developed the same disease that afflicted the humans. It was also found that the experimental pigeons might be cured by supplying the washings and polishings from the bran which had been removed from the rice. It was also found that substituting brown rice for white rice cured the animals after they had developed the disease. The information was given out that rice was the cause of beri-beri.

This idea met with considerable opposition. The argument was brought forward that rice has been the food of the Orientals for many thousands of years. How was it possible that it could be the cause of a disease that had appeared at a relatively recent time? It was pointed out, however, that within recent years the natives of this part of the world had changed their habits in regard to rice. Where formerly they had eaten brown or unpolished rice, at the time of the epidemic their food consisted mainly of white rice. The substitution of brown for white rice in the countries which had been afflicted by beri beri completely changed the situation in regard to this disease so that at the present time relatively few cases are seen. In most of the Eastern rice-eating countries at the present time there are laws which prohibit the sale of white rice.

Beri-beri is a disease which primarily affects the nervous system. It exhibits its symptoms by painful affections ordinarily called neuritis, and these painful conditions are followed in due time by paralysis of certain sets of muscles. This paralysis grows progressively worse until the afflicted person dies.

The fact that a disease which has proved a great scourge in the East was definitely due to a food deficiency opened up the question as to whether or not other diseases might be due to this same cause.

Some time later, another disease, called pellagra, was found to be due to a Vitamin B deficiency. The most common symptoms of pellagra, which also affects the nervous system and brain, are a reddening of the skin, digestive disturbances and varying degrees of mental disease leading to actual insanity. It has been a great scourge in Spain, Italy and in the southern part of the

United States. Investigations have definitely proven pellagra to be due to a diet deficiency and established the fact that, in the early stages, it can be cured by a corrected diet.

Vitamin B is really composed of several elements, but in order to avoid confusion it is best to retain the composite name of "Vitamin B" and describe it as containing three different factors, anti-pellagra, growth-promoting and nerve-nourishing. The rapidity with which vitamin B deficiency becomes apparent when food containing this element is withdrawn indicates that the body has only a limited capacity for storing this vitamin.

Vitamin A was discovered by Mc-collum and Davis in 1915. They found that certain laboratory animals which were deprived of such foods as butter and other animal fats developed an eye disease which eventually led to blindness. They found that an animal which had definitely developed the eye disease might, if taken in the early stages, be cured by restoring the proper food. These food investigations showed that the protective element which they were studying existed also in certain fruits, yellow-colored vegetables and the green leaves of vegetables. They found that not only would eye diseases develop when this substance was lacking in the diet but also that certain other parts of the body would become diseased, and the character of the disease in these cases was in the nature of an infection.

The anti-ophthalmic vitamin, found principally in the foods mentioned above, came eventually to be called vitamin A. At the present time it is considered one of the main elements in protecting in a basic manner against all infections. It undoubtedly has a very decided effect in protecting against the infections which cause ordinary colds, and which localize in the nasal cavity, the throat and the respiratory tract.

The body has the power of storing vitamin A to a considerable extent for future needs. An abundant supply of it in early life undoubtedly safeguards the body against later infection as well as provides for present needs.

Vitamin C is the good factor that has to do with the prevention of scurvy. Scurvy is one of the earliest diseases in human history. The disease formerly afflicted mainly sailors who went on long sea voyages and were therefore denied fresh fruits and vegetables. Something over a hundred years ago, the British navy started serving its men an allowance of limes. It had been found that limes acted in a protective way against scurvy. Lemons,

oranges and even raw potatoes were also found to have this protective action. It became a well-known fact in medicine that scurvy might be prevented by citrus, some raw vegetables and certain green leaves.

While scurvy was a disease principally of seafaring men, there were many examples of the disease occurring inland. At a fort situated ten miles north of Omlaha were stationed some years ago a company of two hundred men. In a time period of something less than a year, over half of these men died of scurvy. They had been subsisting on food that they had brought with them in their wagons from the East. This food consisted mainly of white-flour products such as white bread, biscuits and pancakes, salt pork, sugar, potatoes and corn meal. In the midst of abundant vegetation which contained the elements necessary to protect them against scurvy these men sickened and died because they lacked the necessary knowledge.

During the Civil War, the Confederates had two prisons, Andersonville and Libby, which furnished many extreme cases of scurvy. In these prisons the captured Union soldiers were kept on a diet which consisted mostly of cornmeal mush. These men were allowed to be outdoors, so they received a sufficient amount of sunshine, fresh air and exercise. The disease manifested itself first by soreness in the mouth and looseness of the teeth. This became worse until the teeth dropped out. Ulceration developed on the hands and feet. In the old histories of Andersonville and Libby many pictures may be seen where fingers and toes have sloughed entirely off, and there were some cases recorded in which feet and hands were lost because of this disease. These illustrations depict scurvy at its worst. They picture only the extreme cases. Scurvy is definitely a vitamin C deficiency. As in the case of ophthalmia, and in the case of beriberi and pellagra, this disease also may be produced experimentally in laboratory animals, and may be cured by supplying them with the necessary food elements. The capacity of our bodies to store vitamin C is very limited, due mainly to the fact that this vitamin is very easily destroyed by heat and oxidation.

Vitamin D is an important element in animal life which has to do with the building of healthy bone, and may be derived from food or from exposure to sunshine. Evidently in the past history of the human race, vitamin D has been derived from

sunshine rather than from food. During the few generations the human animal has lived with his skin protected from sunshine, in other words, since the human animal has learned to wear clothing, nature's source of vitamin D has been almost entirely shut off. During this same period of time, certain physical degeneration has taken place. Bone development has been so deficient that nearly eighty per cent. of all school children now show visual evidences of the disease called rickets. In this same period, tuberculosis has come to be a very common disease. The many diseases that are traceable to tooth and mouth pathology, and which are grouped together under the common name pyorrhea, are caused in a degree by vitamin D deficiency. Vitamin D is the only vitamin which we know about chemically. It has been found to be irradiated ergosterol. Ergosterol itself is a definite chemical substance and is inert but after it has been subjected for a certain period of time to sunshine or ultra-violet light some change takes place in the ergosterol and vitamin D is manufactured.

The foods containing vitamin D are so few, and the vitamin D content is so unreliable, that no common food can be considered as a bearer of vitamin D at all times. This vitamin is to be found in egg-yolk, but the finding is not constant. It is found in milk and butter, but these also are not constant sources. It seems that eggs and milk may contain vitamin D in small quantities during the season that the animal is exposed to considerable amounts of sunshine, or when it is eating foods containing the vitamin. During the time of the year in which sunlight is weak, no vitamin D is to be found in animal products unless it has been taken in with the food of the animal. Within the last few years, an attempt has been made to produce vitamin D in cereals by exposing them to ultra-violet light. It seems that in doing this, a part, or all, of the other vitamins contained in the cereal may be destroyed, so it is questionable whether anything is gained by this procedure. Vitamin D may be obtained from cod-liver oil. It exists also in many other fish oils. These oils, however, are to be classified as medicines rather than as foods.

Vitamin D has unquestionable value in protecting against tuberculosis and rickets.

Vitamin D is probably stored in the body for longer periods of time than any other vitamin. It is from exposure to the sunshine of the summer months that man absorbs these precious

vitamins which do so much to guard his health during the darker months of the year.

Our knowledge of vitamin E came about when it was discovered that laboratory animals, apparently in good health and getting a sufficient quantity of the other known vitamins, failed to produce young. Experiments were made to determine the particular foods that led to this condition and it was found that by supplying these foods the error could be corrected.

The richest source of vitamin E was found to be the oil contained in the germ of wheat. Second in importance in this connection is lettuce, the greener leaves containing the greater quantity, and the more highly bleached leaves containing the lesser quantity. Leaf lettuce is richer in vitamin E than head lettuce. Lettuce which has been raised under glass in a hot house is practically worthless as far as vitamin content is concerned. Many other grains and green leaves contain vitamin E.

The body is capable of storing vitamin E to a limited extent.

A living organism may be brought to death by starvation. No one kind of food is sufficient. Living organisms require many different chemical substances in order that they may properly function. Depriving an animal of some particular necessary food element produces in the animal certain symptoms referable to that particular deficiency. Before 1914 it was supposed that the foods necessary for animal life were carbohydrates, proteins, fats and salts.

Various food combinations were figured on a basis of calories and the proper admixture of these elements. It has been found that these elements in themselves do not completely cover the ground as to food requirements, but that certain other elements which exist in foods in rather minute quantities have a more direct effect on health and well-being. Carbohydrates, proteins, fats and salts may all be present in foods, but unless vitamins are also present, death by vitamin starvation will occur.

Deficiency in vitamins lowers the individual's ability to resist infections. Through the ages, the human animal and his ancestors have subsisted on foods that have supplied the necessary resistance against the various types of infections to which he has been exposed. Had this not been the case, the race would have ceased to exist. While the food supply of our primeval ancestors was a "hit or miss" affair it must have supplied the necessary elements for the building of strong, healthy bodies and the development of

a relatively high type of brain. Among savage men at the present time and among animals living under natural conditions, the highest type of physical strength and health is to be found.

The tremendous physical strength of our cousin, the gorilla, represents what our strength might be were we to live a normal natural life. It might be argued that in civilized life such a thing is not necessary, but when we consider that physical strength only typifies a superior ability to align ourselves with natural law and a greater and more intense enjoyment of life, then we must realize that it is a thing very much to be desired and a goal toward which all humanity should aim.

On the other hand, if we are to be satisfied with present conditions—physical weaknesses, degeneration and increased disease incidence—it is plainly to be seen that degeneration, now going on, means the ultimate destruction of the human race.

(Physical Culture.)

Reports of Societies etc.

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DAYANAND AYURVEDIC COLLEGE, LAHORE.

Report For 1931-32.

1. Staff.

The staff during the year 1931-32 was as under:—

1. Ayurved Acharya Pt. Surendra Mohan, B. A., Vaidya Vidya Nidhi (Cal), Ayurved Shastri (Decca), Principal and Prof. of Chikitsa, etc.
2. Vaidya Acharya Dr. Asa Nand, M. B. B. S., Vice Principal and Prof. of Anatomy and Surgery.
3. K. Pt. Durga Datt Sharma, A-V., Vaidya Vachaspati, Prof of Nidan.
4. K. Pt. Har Dyal, Vaidya Vachaspati, K. V., M. A. S, Prof. of Pharmacy, etc.
5. K. Pt. Murli Dhar Shastri, Vaidya Vachaspati, Prof. of Chikitsa, Sharir, etc.
6. K. Pt. Vipra Bandhu, M. A. Dharmendu, Prof. of Science and Theology.
7. Dr. Shri Krishna, B. Sc., M. B. B. S., Lecturer on Practical Anatomy.
8. Dr. Shankar Das Ji, B.Sc., M. B. B. S., Hon. lecturer on Clinics.
9. Pt. Bhanu Datt, Vaidya Shastri, Hon. Lecturer on A-V. Clinics.
10. K. Pt. Sem Datt, Vaidya Bhushan, Assistant Pharmacy Vaidya.

11. K. Jagdish Chandra, Vaidya Vachaspati, House Physician.

12. K. Shri Krishan Gosain, Upavaidya.

Pt. Durga Datt, Vaid Vachaspati, Prof. of Nidan, was obliged to leave the College owing to noncompliance of the rules of the Managing Committee. Pt. Murli Dhar Shastri, Vaidya Vachaspati, officiated in his place and worked with great satisfaction. He was substituted by Pt. Parma Nand Dutta, Vaidya Vachaspati, temporarily. Dr. Shankar Das, B. Sc., M. B. B. S., who had been coaching 1 year class in dissection work honorarily for two years, left the work owing to ill health and later on took upon himself coaching the Vachaspati classes in clinics in the Indoor Hospital and did that work during the year with great zeal. In his place, Dr. Shri Krishan, B. Sc., M. B. B. S. was appointed to demonstrate Dissection work and gave entire satisfaction to the students by his hardworking and pains taking nature. K. Shanti Swaroop left the work as Upavaidya and was succeeded by K. Shri Krishan Gosain, who had already worked on the same job for two years. Pt. Bhanu Dutta Vaidys Shastri (Multani) offered his honorary services and gave clinical demonstration in the Hospital to 11 year class once a week.

2. *The number of students.*

The number of students on roll for the last three years in different classes was as under :—

	i. year	ii. year	iii. year	iv. year	Total
On 31-3-30	41	49	13	8	111
On 31-3-31	60	39	14	13	126
On 31-3-32	55	62	14	14	145

The above statement shows that the number is gradually increasing in the institution inspite of the course of study having changed into one of 3 years for Vaidya Kaviraj Diploma. Of all the students in the college, there were 7 Shastris, one graduate, 5 undergraduates and the rest Maticulates, Visharadas, Pragyas and other Sanskrit title-holders, the minimum qualification for admission being Matriculation with Sanskrit, Pragma of the Punjab University or Prathma of U. P.

3. *Examinations.*

There are two examinations, held every year in April, Namely (1) Vaidya Kaviraj-2 years' course and (2) Vaidya Vachaspati-4 years' course. The result of the annual examination, held in April, 1931 was as under :—

	Total	Passed	Und. Comptt.	Plucked
(1) Vaidya Kaviraj—	43	29	3	11
(1) Vaidya Vachaspati—	14	12	1	1

The course of studies for Vaidya Kaviraj Diploma has been changed to 3 years instead of two years and the students, who were admitted in the 1 year class in 1931, have to follow the new curriculum and on the completion of their course will be better and abler Kavirajes than those of the old scheme.

4. *Hospital and Dispensaries.*

For the training of students in diagnosis and treatment, this college maintains one Indoor Hospital and two charitable dispensaries, one situated in the college premises and the other in Kucha Gosaiān (Sutar Mandi). In all these depts., students of II, III, and IV year classes work in groups and learn clinical methods of Ayurvedic treatment under the guidance of their staff. Learned discourses are delivered by the principal and other professors on cases in the Hospital to acquaint the students with the pathology and therapeutics of diseases.

The number of cases admitted in the Indoor Hospital during the last three years is given below :—

Years	Total admissions	Cured	Discharged otherwise	Died
1-4-29 to 31-3-30	252	204	40	8
1-4-30 to 31-3-31	314	278	29	7
1-4-31 to 31-3-32	361	324	32	5

The Hospital is becoming popular and attracting patients from far off localities for Ayurvedic treatment, as it is the unique Hospital of its type. It is situated in a very healthy place. The number of females and children, admitted in the Hospital, is very low. It can be increased and females can be benefited by A.V. treatment, if the Committee appoints a nurse to serve and manipulate them. Request was made to appoint a nurse, but it was rejected by the Committee owing to the want of funds. The Hospital needed a kitchen badly, but the need has been met with by a kind donation of Rs. 300/- of Pt. Thakar Dutta Vaidya Multani. We still stand in need of cubicals for paying patients.

The surgical operations performed by Dr. Asa Nand, M. B. E. S., and the House Physician during the last year numbered 22, out of which 5 were major and the rest minor. This requires improvement.

The out-patients, attending our outdoor dispensaries for the last two years, numbered as below :—

(1) *Dispensary Attached to the Hospital.*

Year	Old Patients	New Patients	Total.
1-4-30 to 31-3-31	5485	7836	13321
1-4-31 to 31-3-32	7972	10140	18112
Increase—	2487	2304	4791

Increase of 4791 patients in one year reflects upon the popularity of this dispensary in the college premises. It is indeed doing a useful service to the growing population in the vicinity of A. V. College, viz. Krishna Nagar, Ram Nagar, Sant Nagar, etc.

(2) *Sutar Mandi Dispensary.*

Year	Old Patients	New Patients	Total
1-4-30 to 31-3-31	10518	7490	18008
1-4-31 to 31-3-32	11531	7620	19151
Increase—	1013	130	1143

This dispensary is not progressing as it was expected, probably owing to its being situated in the far-off corner of a lane, Kucha Gosdian, and to some other unknown causes. The Committee is realising the situation and is taking necessary steps to improve it.

5. *Pharmacy.*

This is the most well-equipped and useful department of A. V. College. Its preparations are being used by millions of people every year. It affords an ample opportunity to students to prepare a large variety of medicines of different types. The practical training in Pharmacy helps the students very much in their after-life of medical practice.

The rooms of the pharmacy Deptt. need a decent veranda in their front to protect the building and workers against rain and scorching heat in summer. In fact there is no place for the students to sit and prepare medicines. Funds for the construction of veranda have been collected and it will now be erected shortly. Stores of raw materials have increased enormously and a separate room for them was badly needed. Our thanks are due to L. Dharam Chand Ji, who has offered to construct at his cost a room for Banaspati Bhandar in memory of his late-lamented father, L. Kedar Nath, Contractor, Model Town. Plans have been approved of by the Managing Committee and construction will be taken in hand shortly by the donor.

Out of the current income of Pharmacy, three servants' quarters have been built last year at a cost of Rs. 1000 to accommodate the menial staff of the college, which was so far in a great trouble on account of want of proper abode.

Two grinding machines (End-on-runners) and a motor have been added to the machinery of the Pharmacy at a cost of Rs. 500. Their addition has very much facilitated our work of grinding and preparing Bhasmas or oxides of metals. We still need machines for pulverising hard substances, such as nux vomica, sifting powders and pressing oil seeds.

6. *Dissection Work*

R. B. Dr. Beli Ram's memorial, namely Dissection Block, has greatly added to the efficiency of the institution. Students—our future Vaidyas—swarm with great zeal around dead bodies, dissect them and thus gain practical knowledge of anatomy in the real sense. Last year we got only 3 bodies for dissection work. The Government has made arrangements with the Medical School, Amritsar, for the supply of dead bodies and the Principal of the School has agreed to it on payment of Rs. 20 per body. It would have been better, if any local arrangement had been made. Transport charges of dead bodies from Amritsar to Lahore are also very heavy.

The Dissection Block needed a cold storey for the preservation of corpses. The expenditure is estimated to be Rs. 8000. The Managing Committee should raise funds for this purpose to meet this long-felt need.

7. *Hostel.*

There is no proper hostel of this college. Two wards of the Hospital are being used as Boarding House and were last year occupied by 32 boarders, 16 in each room against 12 seats for indoor patients, but some students left and the number came down to 26. A separate hostel for 50 or 60 boarders is a great necessity of this institution. The Committee should realise this drawback and make arrangements for a big hostel as early as possible.

8. *Library and Reading Room.*

Practically speaking there is no library or reading room on days when it is not needed for practical work. There are about 30 newspapers,—daily, weekly and monthly, mostly on Ayurved, that we receive from different parts of India usually in exchange of our bi-monthly magazine—*Ayurveda sandesh*. Library consists of 3 almirahas, lying in the Principal's office and containing about 500 books on Ayurveda, Allopathy, Unani, Theology, etc. Every year a number of new books is added to the library.

R. B. L. Sewak Ramji, M.L.C., Bar-at-Law, who presided last year in October, 1931 over A. V. College anniversary, has very kindly promised to construct a room for Library, adjacent to the Principal's office. The Managing Committee have accepted and passed the plans of the room.

9. *Excursion to Hills.*

About 80 students of II and IV year classes, accompanied by their Principal and Professor of Materia Medica, went to Mussoorie Hills and saw on the way plants at Hardwar, Rishi Kesh, Nil Kanth, Dol Wala, Dera Dun, etc. The tour was long and tedious. It extended over a period of 15 days. On the way back, the party saw the Government

Botanical Gardens at Saharanpur and some plants of dry forests at Kuru Kshetra. Each student spent about Rs. 20 on the average, including Ry. fare, saw and collected samples of about 100 different plants of great interest. They were exhibited to the visitors at the last college anniversary. Excursion to hills have proved very useful to the students of Ayurveda, as it gives them practical knowledge of morphology and identification of vegetable kingdoms, which is the life of Ayurvedic treatment.

10. *Social Services.*

It is a matter of great pride to assert that the college does not lag behind, when the country needs its services. A few years back, students of senior classes were sent to serve and treat the sufferers of Malaria-stricken districts, Multan, Muzaffar Garh, Hissar etc, run down by floods. Very recently a batch of student-workers was sent to Kashmir to treat the unlucky, homeless people, who suffered heavy losses of life and money on account of riots and mutiny, and fell prey to disastrous maladies, as Dysentery, Diarrhoea, Pneumonia, Pleurisy, fevers of different types, etc, which usually catch hold of persons starved and exposed to vicissitudes of nature and calamity. Arya Pradesak Pratinidhi Sabha, Lahore, opened relief centres at Bhimber, Kotli, Mir Pur, Punch, etc., under the able guidance of Mahatma Hans Rajji. Our students went to these places walking long distances through jungles at the risk of their life and treated thousands of people, thus winning a name for Ayurveda, A. V. College and D. A. V. Society, so much so that the inhabitants of these places, including state officers, presented addresses and medals to the students for their admirable and self-less services.

11. *Miscellaneous.*

The Dayanand Ayurvedic College, Lahore, with magnificent buildings for class-rooms, Pharmacy, Hospital, Anatomical Department, Dispensary etc., costing over two lakhs of rupees, is doing a useful service for the revival of Ayurveda, the most ancient system of medicine in the world. Bulk of students come from the Punjab, but not less than one fourth of the total number of A. V. College students belongs to U. P., C. P., Gujrat, and other provinces. This institution lays a great stress on practicals, as dissection, clinics, surgery, science, botany, pharmacy, etc. and this is why so large a number of students is being attracted to join this technical institution every year. Young men who receive training and get diploma from this college find a great scope of work in urban as well as rural population. Though there are a very few jobs or services open to them in states, district and Municipal boards, or charitable societies, yet Vaidas do not starve. They get work among masses and consequently their livelihood at any place they settle down with a firm mind, but our

Punjab Government should very kindly follow the foot-prints of U. P., and Behar and Madras Governments and take necessary steps to patronise and encourage the A. V. and Unani systems of medicine by opening charitable dispensaries of these systems and appointing qualified Vaid and Hakims in them and giving grants to them to assist them in their private practice. The same is being done in all other provinces.

12. *Funds.*

This institution needs a large amount of money for starting research work on A. V. lines, pathological laboratory, a dental department, a female college and hospital, etc. Even the present work of the college is being managed with great difficulty with the help of philanthropic persons. Capital fund and grants are very inadequate. Rs. 3000, received from the Punjab Government as grant-in-aid, is being utilised on the Indoor Hospital for training the students in A. V. medicine. Lahore Municipality grant of Rs 500 is spent on the city dispensary. The rest of the expenditure of Hospital and Dispensary is met with out of sale proceeds of the Pharmacy Department and by begging alms. The grant of Rs. 2300 of Punjab University goes partly to the pay of the Head Lecturer and partly to A. V. Medicines. Grants-in-aid should be increased, if these bodies (The Punjab Government, University, and Municipality) want to patronise and popularise Ayurveda in the Punjab.

REPORT OF THE FIRST ANNIVERSARY OF THE ANDHRA AYURVEDA VISVA VIDYALAYA COLLEGE.

The first anniversary of the above college was celebrated on 3-4-1932 in the Pydah Town Hall with the famous Lawyer Doctor, Peddi Chotla Subbarayudu Garu, M. B., B. L., F. T. S., presiding over the crowded assembly including the local literary and scientific associations, members of the academic council and staff of the P. L. first grade College and the Training College and High Schools and elite public of the City.

REPORT OF THE COLLEGE WORK.

GENTLEMEN,

This college was started on 7-2-1931 and the function was performed by Dewan Bahadur, M. R. Ry. D. Seshagiri Rao Pantulu Garu, B.A., B. L., advocate, our patron, and we have since covered one year of our work.

Our one idea from the beginning is to work the college on a residential system on the line of the ancient Guru Kula. But the difficulty was in procuring a fitting set of students and teachers and accommodation. The

Gurukula demands a correct aptitude in the student for Ayurvedic study. Vide Kausika sootra—embodied in Sushruta also :—

“ब्रह्मचरिवैश्यानां अन्यतमं अन्यशैलशौर्यशौचाचारविनयशक्तिबलमेधाष्टितिक्षुतिमतिप्रतिपत्ति-
युक्ततनुजिह्वीष्ठदन्ताग्रमृजुवक्त्रादिनासं प्रसन्नचित्तवाक्चेष्टाक्षिशृङ्खलं च भिषक्शिष्यमुपनयेत्ततो
विपरीतगुणं नोपनयेत् ।

Then the method of teaching is all the more rigorous. Vide Kausika sootra again.

व्याणां द्विजवर्णानां ब्राह्मणस्य चरिव्यस्य वैश्यस्य चोपनयनं कर्तुमर्हन्ति उपनीतस्तु यः शिष्यः
स प्रणवम्भिः अर्हन्त्याहतिभिस्ततः प्रतिदेवतमृषिष्व खडाकारं च कारयित्वा अग्निमुपसमाधाय
संस्तोक्तविधिना आयुर्वेदमध्यापयेत् ॥

This discipline was perhaps with a probuddhist impulse relaxed to some extent by Charaka and completely relaxed later by Sushruta. Please see Sushruta :—

यद्दमपि कुलगुणसंपन्नं सत्त्ववर्जमतुपनीतमायुर्वेदमध्यापयेत् ।

Thus it is clear that these two acharyas started the new school of Amantraka Ayurveda, which is unavoidably different from the Vedic Ayurveda. Their manuals, therefore, are meant for the lower courses or what I may safely call minor courses in Ayurveda and, as they are designed to be taught Amantraka or unscientifically and non-methodically, they are incomplete, unpractical and perhaps unscientific, when compared with the Vedic Ayurveda embodied in the Bharadwaja, Kausika, and other sootras.

Whether, wholly or partly, these books being unscientific, it is no use keeping them as text books for a scientific study and a complete course of Ayurveda. Ayurveda will be scientific, only when are methodically studied the theory from the Vedas, Vedangas, Puranas, and practice from Original Karma sootras, as Ayurveda was a compilation from all the four Vedas and appended to the Atharvaveda. Vide Brahma Vaivarta purana :—

अग्न्यजुष्मानाथर्वाख्यानं दृष्ट्वा वेदात् प्रजापतिः विचिन्त्य तेषामर्थं चैवायुर्वेदं चकार सः ।

Again,

चतुर्णामग्न्यजुष्मानाथर्ववेदानामात्मनोऽस्यायुर्वेदस्याथर्ववेदे विशेषोक्तिः ।

We have all the Vedas, Itihasas, Puranas, sootras and a mass of other primitive literature still preserved intact and most of them are printed also. We may say that the old scientific Ayurveda is not lost to us. Now that the modern sciences are sufficiently advanced to take us within the reach of Vedic truths, we are confident of correctly interpreting every Ayurvedic truth in terms of modern science, by a correct and consistent application of the three keys, Nirukta, Chandas, and Vyakarana, and lubricating the cog-wheels occasionally with

Mimansa and Tarkā when the machine does not slide easily. This way, then, we hope to supplant the lofty flag of Ayurveda with the insignia of the invincible Makara on it, on perfectly scientific and therefore adamant foundations indestructible for ever.

In our Text books, we preserve the primitive Vedic and Sootric nomenclature throughout, with the corresponding Latin nomenclature of Allopathy and allied sciences alongside and work up the body of the book in simple vernacular. Our student, then, will be conversant with all the versions of a truth and may, therefore, correspond correctly with both the East and the West.

Our aim, in the ultimate, being one with the Andhra University, in vernacularising all sciences and bringing the Vedic science into the language of modern sciences, we hope that the Andhra University may thankfully adopt our Text books, when they open the Faculty of Ayurveda, which I learn, they are already on the way to.

COURSES OF STUDY.

The subjects are grouped under three main heads. 1. Pre-medical, 2. Medical and 3. Post-medical. In the first group will be included Anatomy, Physiology, Chemistry, Physics, Botany, Zoology, Bacteriology, Pathology, Therapeutics and Practice of medicine, Surgery and Midwifery. The Post-Medical subjects will be reserved for Bhoota Vidya or Psycho-physical diseases, Gynaecology or Vandhya Tantra, Vajikarana or Rejuvenation, Pumsavana or Sexmetamorphosis, special senses and Krichha and Krichhaparihara or electro and Odic therapy.

We hope to complete the curriculum of the pre-medical subjects in three years and the medical subjects in two years and graduate the student in five years in all and it will be left to him to take up or not the post-graduate study, the time for which will be fixed according to the subject or subjects selected.

Our Text books will be prepared in progression with the regular College work. We have since done a large part of Physiology, Anatomy, Chemistry, Physics, Hygiene and Materia Medica of the pre-medical courses and the Pathology and Practice of medicine of the medical subjects.

I will now give you the outlines of each subject, so far handled, and, if you so permit, also read out a few select paragraphs, so that you may be well impressed of the scientific and comparative nature and the utility of the books.

I shall take the subject of Indian Chemistry in the first instance. The Ayurvedists studied this subject under two heads, the Organic and Inorganic, as we now do. In Organic Chemistry, it was the Ayurvedists who originally demonstrated the fact that the essential compound of

plant and animal structures and their molecular composition may be very complex, but includes only five elements, (1) Prithvi-carbon, (2) Aap (Aqua), Hydrogen, (3) Anala-oxygen, (4) Anila-Vayu, Nitrogen and (5) Akasa-Space. Ordinarily, space or Akasa is left out of count as it is all pervading and non-cognizable.

पञ्चभूतात्मकं शरीरं आसृजिष्ठाय जायते, अस्म्ययोन्यग्निभस्मां समवायतः तन्निवृत्तिविशिष्य व्यपदेशस्तु भूम्यसा । तव अन्तरिक्षं तु अवयवरूपप्रमाणादिरहितम् । तस्माद्भूतैः चतुर्भिः सहितैः सुसृज्यैः मनोजवो देहमुपैति, देहमात्मकत्वात् न तु दृश्यं दिव्यं विना ।

Carbon is the primary constituent of all organic bodies, whether animal or vegetable. In animal matter, however, an additional sixth element, Sulphur, gets in without which organic matter cannot get organised into serum albumen.

गर्भस्तु खल्वन्तरिक्षं वायुग्नितोयभूमिविकारः चेतनाधिष्ठानभूतविकारसमुदायात्मको गर्भः चेतनधात्वधिष्ठानभूतः स ह्यस्य षष्ठो धातुरुक्तः ।

Further as these different bhootas or elements possess different valances, Hydrogen being monovalent, Oxygen bivalent, Nitrogen trivalent, and carbon quadruvalent, the variety of compounds and the three states solid, liquid, and gaseous arise. Vide :—

जन्ममरणकरणानां प्रतिनियमाद्युपपत्त्यवच्छेदश्च पुरुष बहुलं सिद्धम् । सराववैगुण्यविपर्ययः ।

This organic synthesis is called in Ayurveda Bhoota Panchikaranam and the organic analysis is called Bhoota Vikarini. In Sastric language synthesis is called *Chandas* and analysis *Vyakarana*.

The properties of organic compounds are intermediate to the elements entering into their composition and no compound is as hard as carbon and as gaseous as the air.

Organic substances are classified into ten main groups. (1) क्षाप्य Kshmapya—hydrocarbons, (2) मद्य Madya—Alcohols, (3) मरुत् Marut—Ethers, (4) आग्नेय Agneya—Carbohydrates, (5) वायव्य Vayavya—proteids, (6) धातुक्रतु Dhaturkrit—Albuminous, (7) अम्ल Amla—acids, (8) क्षार Kshara—Alkalies, (9) मारुत Maruta—Esters and (10) मारक Maraka—Ketones—precisely corresponding to the divisions of modern science.

Chemical formula and equations also are correctly framed and represented using the followings symbols :—(1) बीज—शब्द Beeja or Sabda for element, (2) Laghu for monovalance, (3) Guru for bivalance, (3) Deergha for trivalence, (4) Pluta for quadruvalance, (5) Pada, Gana or Pratipadika for radicals. The formula Yoga is represented in more ways than one in the styles of (1) Gramya—emperic, (2) Granthica or Grantha—classic, (3) Chandasa—rational, and (4) Chitra or graphic methods. In the graphic method, again, we have Vivritta vritta—open chains and (2) Samvritta bandha—closed rings, in the same way as we now have.

In the Indian chemistry you will also find a mention of the Ruparoopantaratvam—Allotropism, Prabhava or Pratyarabdha prabhava—Isomerism, which later is divided into (1) Samana pratyarabdha-prabhava, metamerism and (2) Vichitra pratyarabdha prabhava—polymerism. Vide :—

वस्तुनां यस्य संज्ञायाः प्रवृत्तीकरणेऽस्मृतः तत्तन्नादिविधस्य प्रभावतः । रसादिसास्ये यत्कर्मविशिष्टं तत्प्रभावजः इति सामान्यतः ।

Substances are metameric when their molecules contain equal number of atoms of the same elements and have the same composition but present different properties. Example :—

दन्ती रसादैस्तुल्यापि चित्तकस्य विरेचने, मधूकस्य च सङ्घिका ।

Sugars of the grape and Madhuka, Glycerrhiza, have different properties in the same way as the cane-sugar and milk-sugar. C-12, H-22, O-11 vary in action.

Again, (Vide द्रव्यानां पुनश्च तत् विचित्रद्रव्यैर्देन भिद्यते) substances are polymeric when they have the same centismal composition, but different molecular weights.

Example : खादुर्गुरुगोधूमौ वातजिहातकृत् यवः ।

Barley and wheat possess the same centismal composition but, as they have different molecular weight, act differently, barley being a diuretic while wheat is anti-diuretic.

INORGANIC CHEMISTRY.

Turning to inorganic chemistry, the Ayurvedists studied all substances under two heads : Dhātu, metals and Upadhātu, nonmentals and again as Rasa and Uparasa according as they are nervines and tonics. The atomic and molecular weights of all metals, Anugarima and Kanagarima, were studied in addition to their valences and specific gravity, nirdistagarima.

The radicals getting into chemical composition are differentiated as Amla and Kshara, acid and basic radicals, and substitution and displacement. Pratyamnayam was practised.

The salts are studied according to their prabhava, Swad, Amla, Kshara, as they are neutral, acid, or basic salts in the same way as you now do, and again as they possess *neunadhika trana*, corrective properties.

Details of compounds as sulphites, sulphates, sulphides, hydroxides, are all given with their varying therapeutic indications. For example : Rasa bhasma and Karpur, mercurious chloride and mercuric chloride.

The process of destructive distillation, as different from oxidation, Agnidagdha and Anagnidagdha, with actual results are recorded, and the phenomenon of decomposition and derivation products is fully studied—Dravya vikarani and Dravya janyata.

The process of sublimation and preparation, or *svapathana* and *marana* are clearly recorded with regard not only to sulphur and creta but also to mica and many other minerals.

In the matter of reduction of metals, the Ayurvedists did not stop with reducing a metal like bismuth into its colloidal state, *Nischandrica*, but went to the length of dializing or oximosing every metal, *Varithara* while the modern chemist has brought into use only one-dialized iron. You all fully realize that a metal is best absorbed in the body when dialized and it can be introduced into the body by mere inunction. Colloids have to be dialized in order to stabilize them.

Metallic compounds are rendered stable, *apunarbhava*, through a specific process and the stability proved and verified before storage.

INDIAN PHYSICS

In Physics, the Forces of universal attraction, Gravitation, capillary attraction, adhesion, cohesion or *pranayana*, etc. were all studied with reference to the two kinds of energy, as *Sihira*, the Potential and *Chara*, the Kinetic. The phenomenon of *Vajrikarana*, crystalization, and the varieties of crystals and their *Jalodvamana* or giving up of water of crystallization and *Jalakarshana*, deliquescence, are all explained.

The sections on sound, heat, light and electricity were fully dealt with. The analysis of the Solar spectrum into *Santa-aswa*, *vihgyor*, and the *sapta-jihwa*, seven zones of flame, and the *Sapta-archi*, seven kinds of rays, the (1) Thermic ray, (2) Electric ray, (3) X-ray, (4) Chemical ray, (5) Phosphorent ray or cold ray, (6) Thought or magnetic ray, and (7) the volcanic ray or *pralaya*, according to their vibrations and application to the medical science are all very interesting. It was the Hindus who originally demonstrated the branches of Heliotherapy and Electrotherapy and Chromo-therapy, all of which the Allopathic medicine has just commenced to appropriate.

The Ayurvedist's studies in Electricity are singular and the process of generation, accumulation and projection or induction of electric currents is absolutely safe and simple. The process of *snehadravana* or solution of fats and resins in water; for example, *panchamrita* and *tulasiteertha*, by electrolysis is remarkable. Polarization and depolarization, *Prokshana* and *Samprokshana*, are studied with full details. The Hindu method of producing electricity with the help of *Salagrama*, *Sphatika* and *Rasa-linga* is still unknown to the West. I will not tax you with more details at present, as by now, you are fully impressed of the high scientific nature of Ayurvedic study. I will pass on to Physiology and Anatomy, where I have a number of revelations to present.

Charaka, no doubt, fully endosred Physiology and Anatomy as fundamental to Ayurvedic study. Vide :—

शरीरविषयः शरीरपकारमिच्छते । मिषग्विषयम् ज्ञातैर्हि शरीरतत्त्वे शरीरोपकारेषु भाविषु
ज्ञानमुत्पद्यते

Why? he verily identifies Physiology with Ayurveda. But, unfortunately it now occurs that Ayurveda is being studied and practised without even the rudimentary knowledge of this branch, for which very reason, the present Ayurvedist is discarded. I will now show you that the fault does not lie in the system, but in the method of its study only.

In Ayurveda Physiology is studied in five parts or cantos, the body being divided into five kosas or systems. They are 1. the Annamaya—the alimentary circulatory system with its three sub heads, pachaka—digestive, prasaraka—circulatory, and mochaka—excretory systems, 2. Pranamaya—the respiratory system, 3. Manomaya—cerebro-spinal system with its sub-heads, manas, buddhi, chitta, ahankara, 4. Vijnanamaya—the ganglionic system with its three divisions, Ida—sympathetic, Pingala—Parasympathetic, and Sushumna—the intravertebral ganglionic chains, and lastly 5. Anandamaya—the procreative system corresponding to the Genito-urinary system of modern Physiology. Osteology and Myology do not concern so much with Physiology as they do with anatomy, and they are studied as they are involved in the circulatory and nervous systems along with Splanchnology.

In the Annamaya kosa, the whole process of digestion and blood formation will be studied with the corresponding Biochemistry of ferments and enzymes and pachaka Rich and pachaka Ruch (and their vipaka biochemistry) and putrefaction, Kledana and Rodana toxaemia will be studied with correct details. In the Prasaraka Khanda will be studied the chemistry of blood and its circulation and its pathology with reference to tridosha, explaining the analogy of the whole stethoscopic, sphygmographic and cardiographic reading and finding. In the Mochaka Khanda will be included the whole excretory system, with reference to the internal and external secretions of all the secretory glands and their hormones.

The Pranamaya kosa includes the lungs, their coverings and passages which will be studied with close analogy of stethoscopic and fluoroscopic readings and findings with reference to sawasa, kasa, urakshata and Kapha Krimi.

The Anandamaya Kosa deals with the whole genital system with both the primary and secondary sex organs, internal and external, being studied from their very genesis in the foetus अजौहविष्टा च कामः, right up to their atrophy and disfunction, menopause in the woman and Vana-prastha in the man. Malformations and disfunctions of all types and stages are included in this kosa and the subject of sex adaptation is anthropometrically studied with the result that many major gynaecological conditions and disorders could be traced to mismatching and corrected by a change. The subject of Hermaphroditism and other congenital

defects were elaborately studied, and a whole volume of Vajeeekarana was prepared with over eighty four postural manoeuvres, all designed to secure sex adaptation in cases of mismatches. The subject of impotence and sterility was fully studied in all its fourteen phases and the Thymo-Thyroido Gonad interrelation was fully studied with the crowning success of the Putra Kama Isti involving testicular grafting and thyroid transplantation. All these items will be included in the Anandamaya Kosa.

The nervous system will be studied under two heads, the Manomaya Kosa, the central nervous system, and Vijnanamaya kosa, the Ganglionic system. In the former will be included the Sahasrara, the Manasachakras and the Swargaloka Devatas within the respective jurisdictions of the Brahma, Vishnu and Maheswar, or the faculties and centres, both sensory and motor. In the latter, will be included the Shat Chakra or the Major Gangliated plexuses and Nakshatra or minor Ganglia with reference to Ida, Pingala and Sushumna. In these systems will be studied the whole of Bhootavidya dealing with not only the general and partial paralyses, but also perversions, as insanity, melancholia, hypochondriasis, neurasthenia, even criminal and suicidal tendencies and their treatments or prayaschitta—repair of brain, and Deeksha or restricted life and diet and re-education and suggestive therapy.

Along with the Vijnanamaya kosa will be taught the whole of Swara Sastra or the science of Phonetics developed from the Rigveda. This will appear to you as a new system of diagnosis as yet untraversed by the allopaths but it was one of the best diagnostic procedures in the realm of Ayurveda. The origin of this system you find in the Rigveda.

चत्वारिंशद्विंशति पदाति । तानि विदुर्ब्राह्मणा मनीषिणः । शुद्धानि वीणि निहितानिङ्गन्ति ।
तुरीयं वाचो मनुष्या वदन्ति ।

The phonetic science deals not only with the audible sounds and voices but also with vocal fremitus or inaudible voice caused by the vibration of the vocal cords. For example, the stammered and muttered sounds are ordinarily indistinct and unintelligible. Again during the nightmare of the sleep, we ball out and cry, all of which is buried in the body only and is not heard out. These are all voices which are studied under vocal fremitus. This study involves a separate surface anatomy with the help of which a topical diagnosis of not only every nervous and bodily disease but also a number of psychophysical diseases are diagnosed and treated. Vide :—

म ॥ आ ॥ सूत्रम्

आयुर्वेदज्ञान मन्त्रज्ञानपूर्वकम्

आदिज्ञानान्तवर्णावारकाङ्क्षपञ्च पादाद्याङ्गाविहितं वर्णोच्चारणप्रयत्नप्रेरिताङ्गनापकवर्णज्ञानविषयिकं तालोच्चपुटव्यापारजातपवनप्रेरिताङ्गनापकवर्णज्ञानविषयिकज्ञानत्वात् । वर्णभेदात् शब्दविषयकं

ज्ञानभेदकार्यं यिचिवहेतुप्रतिपादक सामग्रोभयं कारणस्य क्रियाविशिष्टवैलक्षण्यतया विचित्रवर्णं ज्ञापक-
त्वमनुभूयते । सोऽनुभवः सामग्रोभेदाद्भवतीति । देशतः कालतः घटनारूपं विविधतः सिरादि-
बाहुल्ययोगात् हीनाल्पतरोचरितं स्वरादेवर्णभेदज्ञानं तत्सामग्रोभेदाद्भवतीति । श्रोत्राकाशस्य
समीपदेशभेदज्ञानमहिम्ना उच्यते तरोच्यतमोच्यारणभेदात् तत्तद्वर्णात्मकशब्दभेदो ज्ञायते ।
शब्दभेदबोधकवाक्यं सिराभेदोद्भववर्णबोधककणं भवति ।

यदि विरुद्धरसादनाज्याताजीर्णादनिलोऽजीर्णः । तेन ग्रहणीकलादीर्वल्येन तदस्थितवर्णदोषः
गमनागमनमार्गनिरोधात् पवनान्निष्ठं विकारमुपदृश्यते । तत्र तत्तद्वर्णोपादकस्थितिषु तत्तद्वेतुभूतरोगाः
प्राप्नुवन्ति । तथा सति यत्तद्वैधकं रसादनानुसारिण विरुद्धबोधकत्वं विवर्णं ज्ञापकत्वं अवलम्ब्य
स्वरहीनत्वं तत्तद्वर्णेषु पलभ्यते । तत्तद्वर्णभेदात् सिरा विज्ञाय तत् स्थानगतवर्णविरुद्धं वर्णमिते
तद्वर्णजनकसिरास्थितिं विज्ञाय दोषधातुगत्यासृग्विकारो यत्तदृश्यते तत्तदुद्देश्यं विज्ञाय
तत्तद्वेतुकसिराजालं च विज्ञाय तद्वेतुकतामयस्थलं विज्ञाय तत्तत्स्वरादोषवर्णात्मकतरो लिङ्गान्यपि
विज्ञाय तत्तद्गोचरित्वार्थं तत्तत्सिरागतदुष्टरसासृग् विमोचनमेव चरितार्थत्वात् सिराविशिष्टवर्णविधि-
शंस्त्वाराग्निकर्म च तदामय निवारणम् । तदेवैवधिदानं जपहोमसुरार्चनैरपि ।

श्रोत्रेन्द्रियग्राहकशब्दप्रयोगजनितज्ञानं चक्षुर्गृह्णति लेङ्गिकज्ञानवत्प्रमाणम् । निर्दोषश्चोत्तं
निर्दोषचक्षुषत् समजनकाभावात् ।

This anatomy is as follows. On the body are marked out the twenty seven Nakshatras or constellations, identifying each with a ganglion in the Ida or Sympathetic and again in the Pingala or Parasympathetic chain, designated by the fifty four letters of the alphabet. To complete this representation, the original *Akshamala* of Sanskrit alphabet had to be enlarged into *Aksharamala* adding the short vowels of *a* and *o* and the hard letters of *l* and *r*. The topography of each letter or ganglion is then graphically described in relation to the regional nerves, arteries, lymphatics, and veins and the letters are grouped into Vargās according as the nerve plexuses around them. And what is more striking is that the involvement of the nervous systems is so elaborately studied that every aphonia is literally traced to a disfunction in its corresponding ganglion and plexus. Here, the reflex action of the nerves and their centres was so clearly and lucidly explained, that a complete system of phonetic diagnosis was developed, so easy of practice and so dependable in actual clinical work. Then, after identifying a distant and faulty centre as the cause of an aphonia, one of the following procedures is prescribed as a means of cure :—(1) *Siraveda*—puncture of a vein or the spine, (2) *Salyavidhi*—aspiration, (3) *Sastravidhi*—incision or excision, (4) *Kshara vidhi*—Irritation or counter irritation, (5) *Agni vidhi*—branding and electro and thermo cautery. In this pancha karma will be included ligature of arteries with a view to create anastomoses or short circuit in cases of aneurism, and venisection and removal of thrombosis, section and stretching of nerves in sciatica and other neuralgias, and

excission and extirpation of glands and other surgical manoeuvres of the present day.

The phonetic diagnosis was not limited to men only, but was utilized in the veterinary practice also, Vide :—

शब्दार्थप्रत्ययानां इतरैतराभ्यासात् स'करः तत्प्रविभागसंयमात् सर्वमूतकृतज्ञानम् । तत्संस्कार-
साक्षात्करणात् पूर्वस्थितिस्थापकम् ।

We cannot lose sight of the fact that with the help of this system of phonetic diagnosis only, the aphonia of the hard letter *R* of King Bhoja was traced to the diseased condition of Gassarian ganglion and it was cured by its excission and removal. Vide :—

र'कोल्पादक' कपोलपद्मं खण'देवतात्मकम् । तत्प्रोक्तपञ्च कपोलवेद्यादेव निवर्तकम् ।

Coming to the subject of treatment, you will see that quite a variety of methods are employed in Ayurveda, each covering over a range of Allopathic medication and that all means we simultaneously employed, so that the disease is sought on all sides and its cure is hastened. Vide :—

तच्छन्तिरौषधैर्दानैर्जपहोमसुरार्चनैः ।

I shall illustrate this by applying the phonetic diagnosis and the treatment of Gout by taking the first letter *a* from the primitive Ayurveda and interpret it into the modern scientific language.

सर'ध्रुकाभ्यन्तरधसः त्रयस्त्रयः सिराः पादयोश्चतुस्त्रिंशत्सर'ध्रुकाभ्यन्तरधराः । तत्र

पादस्थितपद्मं अवर्णजनकं चतुस्त्रिंशत्सिराहतं अश्वनीनक्षत्रात्मकं सप्तत्रिंशत्सिराश्रितं
अवर्णधारकपादपद्मं सर्वं शरीराधारकम् ।

अश्वनी ज्वरः । अश्वनीनक्षत्रविरुद्धगतिहेतुगृह्युक्ततत्त्वानुगत रसाग्नीर्णं जन्मापित्तविषक्रिमि-
विकारकज्वराः प्रदृश्यन्ते ।

अवर्णज्ञापकयात्रसिरानालाहतामूरसनिवर्तकौषधयः ज्वरप्रकोपनिवर्तकाः । रसाग्नीर्णं जन्मा-
पित्तविषक्रिमिनिवर्तकं तत्तदेव भषजम् ।

औषधिदानजपहोमदेवतार्चनं निवर्तकम् ।

कटुरोहिक्वागणचण्डरसविषपाषाणलोहपुटद्रव्यप्रयुक्तयोगाः तदामयनिवर्तकाः । काचित्वाधयोगाः ।
काचिच्चूर्णदयः । काचित्तेललेह्यपृतादयश्च । काचिदस्त्रयोगाश्चपि ।

अश्वनीदेवतार्चनं तत्रभेषजं ।

तत्तत्रचक्षुर्विगतियोग गृह्युक्तकालसंयोगजातज्वराः कष्टसाध्याः । निवर्त्यानिवर्तकज्ञानं यथायोगं
तन्निवर्तकम् ।

Here you see that Gout is traced through the aphonia of the Hrasva Anudatta vowel 'a' to its origin in the great toe and is followed in all their joints by extension or migration and rotation. The aetiology is traced to amapitta ajeerna or defective oxidation and retention of purin bodies in the diet and consequent accumulation of Uric acid deposits. The disease being closely associated to Rheumatism, the bacteria—*vishakrimi*—*micrococcus rheumaticus* and the *streptococcus*, are included in the

associate causes. In the treatment, attention is drawn to the necessity of elimination through all the channels of the deposits in the synovial and articular membranes and sacs—*Avarna jwapa Yawath sira nala avritama rasa nivarta koushadhaya tannivartakam*

Then to accomplish a cure, are indicated (1) Oushadha or medication including (1) Astrayoga—injections, (2) Dana or restriction of diet (salt is asked to be given up or sacrificed), (3) Japa or postural treatment—Japa includes Asana (sthirasirkhamasanam) to favour drainage, Kapala, asana or the raising of the foot and the lowering of the head of bed or mattress is indicated, (kapala asana is prescribed to favour drainage, absorption and elimination of fat and fluid from the region below the navel), (4) Homa or fumigation including hot air baths, vapour baths and lastly (5) Devatarchana, meaning electrotherapy or ionic treatment.

Devatarchana in our homes, you know, means and includes panchayatana of the five moorties, Aditya, Ambika, Vishnu, Ganananda and Maheswara or the harmonious synchronisation of the different, thermal, chemical, and actinic rays. Aditya means the Sun and represents the vermilion-colored thermic ray of the sun; Ambika means Parvati and represents the yellow colored chemical ray, Vishnu represents the Saligrama and stands for the blue or electro positive ray, Ganeswara represents the red electro negative ray and Maheswara or Sphatika represents the white or ultra-violet actinic ray, as borne out by the respective colours of the natural stones selected to form the moorti Panchayatana.

In the modern laboratory, these rays are estimated to possess different vibratory count ranging between 25 to 50 per second and in the Vedic language, the different counts are denominated by the names of different dieties. In this case, the diety is Aswini devata or the Jheekshana Mayookha of the Sun or thermal ray; in other words, an antiphlogestic ionic medication.

Further, these stars are all connected with and are governed each by a principal centre in the brain called *Adi Devata* and by a secondary centre in the spine called *Pratyadi devata*, both of which are asked to be invoked or stimulated so that both nervous systems might co-operate to hasten the elimination. This stimulation or *surarchana* is specially resorted to in all cases where the exudate cannot be aspired or drained, being very deep seated and impossible to reach as in the case of hydrocephalus and serous endocarditis. Vide :—

याः सिराः यन्निवगाः ताः न वेद्याः।

This is the rationale of the employment of the Vedic panchakarma in the treatment of diseases. But in the empiric Ayurveda, now availing in the country, these methods are given up and five secondary methods in the name of the same Panchakarma, (1) Vamana—emesis,

(2) Virachana—purgation, (3) Swedana—diaphoresis, (4) Sueha—anointment or innunction of a liniment and (5) Vasti—enema or flushing of the colon and bladder and introduction of rectal suppositories, are practised.

This College text-books will include all the major and minor panchakarma and will therefore be quite up to date.

Gentlemen, it will take me too long to narrate to you the synopsis of the text books on the remaining subjects. I shall place them before you on another occasion and in the meanwhile keep them available for perusal in the Visva Vidyalya Office.

You have since realized that we have undertaken too heavy a task and having so far demonstrated the utility of this scheme, I crave your sympathetic co-operation and support. We shall be certainly encouraged by your appreciation of the work and advice for improvement.

Gentlemen, I and this institution are wholly thankful to you for the patient audience and participation in to day's proceedings. I invoke the Lord Dhanvantari to bless you all with good health and long life.

We have since completed one year's course with the first batch. We shall admit the 2nd batch in June. We have also arranged for classical Ayurvedists possessing the qualifications of Ayurvedavisarada or its equivalent a short course of comparative medicine on lines similar to the post graduate courses of the school of Indian Medicine, Madras and will open it in June, 1932.

Gentlemen, I thank you once more and request you all to bear with us in this noble cause of Ayurvedic research of this central institution in our place, of which every one of us must feel proud.

PRESIDENTIAL REMARKS.

Winding up the proceedings to a close, the president said,

Dear and Respected Brothers,

Every one of us in the country all along yearned for the revival of Ayurveda and the leaders set to its renaissance, but, as the learned Principal said, they limited themselves to the Amantraka Ayurveda of Charaka and later books and consequently all the labour was misdirected and proved futile. It is as true now as in the times of Ayurveda *pradurbhava* that one should possess the maximum fitness to be fully inspired into the mystery of science of Ayurveda and as a reward of ripened Yogabhyasa and sustained deeksha, the very sources of Ayurveda placed themselves before this master-mind. The devas no doubt are always with and around us and perennially radiate real intelligence as the radio, but our *sthoola* being too thick to receive, read and record the impulses, we have shut ourselves away from the communion. It was only to sensitize our brains to receive the

subtle impulses from the Karana plane of the Devas, we are asked to observe strict Brahmacharya. Again to develop a special faculty one should develop a corresponding convolution or a group of convolutions in the brain, through a specific asana and Yogic practice. Then as a result of Perfection or Siddhi of the yoga, the particular faculty will bump up or get accentuated and a new Odic energy of the "Animadi Ashtaka" will flow out with the help of which one can penetrate into the mystery. To such a lucky individual, the Abi-Devata superintending the faculty manifests itself "Pratyaksham" and presents the vision of inspirations which is called in the folk language "Vara Prasadam". It is in this way only that every invention, discovery, and revelation has come out.

The Devas have no sthoola, even a sookshma sarira, and cannot communicate with us except through a human agency and for so doing they come upon an individual and possess him for induction or "Avahana." They wait for a fitting occasion and when a proper man is got they make him their earthly agent. The yogi, who has thus merited this happy communion with the Devas, obtains a real vision of a scientific truth and it is but true that the old Hindu Sages were "Veda Drashtas" or Seers of science.

For a man of the world, yogabhyas is next to impossible, but the doctor being originally a Vedist and having inherited the Yogic practices is singularly lucky. Research again demands wholehearted application of purpose and willing sacrifice. In this case, the doctor gave himself and his large lucrative practice up to this pursuit for a number of years and the results placed before us deserve a very high tribute not only from this educated assembly but also from the whole world.

The Andhra country proudly acknowledged this central institute of research. The Andhra University having pledged to the vernacularization of Sciences must be really grateful for the Telugu Text books in Ayurveda and all its allied sciences which the doctor assured me he would willingly lend. I also urge on the Andhra University the immediate necessity for methodical research into the science of Oriental medicine and open the faculty of Ayurveda with a research laboratory directed by this master-mind.

In the meanwhile, I exhort this assembly to bear with the selfless work of the principal and enlarge his library and laboratory in order to advance further research and bring out text books on post-graduate subjects also.

All the gods be with this master-mind and shower on mankind their intelligence through his 'Nishkama karma', their agency. Then, with the song of the Lord this function being concluded let us now disperse only to meet again and again to enjoy coming revelations.

Medical News & Notes

—:o:—

THE GROUNDNUT INDUSTRY.

An interesting description of Kano, "where the groundnuts come from," is given by Mr. F. G. Wallach, general manager for Northern Area, Nigeria, the United Africa Co., Ltd., in *Progress*, the magazine of Lever Bros., Ltd. Mr. Wallach says, in the course of his article, "As a raw material of industry, the groundnut ranks among the most valuable sources of edible oil. It yields in oil, in fact, 49 per cent, of its content. Into the modern manufacture of margarine it enters notably; in a lesser degree it also serves the manufacture of soap; and after it has been converted into these everyday products, the residue left from the oil presses is turned into an excellent cattle food. Truly, a useful servant of civilisation.....Less than twenty years ago no groundnuts were exported from Kano. Nobody conceived that the trade in Northern Nigeria would develop to its present dimensions. It was the railway that helped to bring it about.....And the railway is now able to handle efficiently, and expeditiously a crop of one hundred and fifty thousand tons during the season. The development of the groundnut trade to its present volume is due, apart from the railway, to the facts that Kano Province is very thickly populated, the native farmers are most industrious, the town natives are exceedingly keen traders, and there is any amount of cheap animal transport, which, to this day, more than holds its own against the invasion of motor vehicles. The Hausa trader—he is generally a Mohammedan and can lay claim to a thousand-year-old civilisation—is the possessor of a peaceful and contented temperament, and the agrarian population fully appreciates the benefits it has derived from the protection of the British Government. The farmer can work far away from the towns without fear of raids, and can transfer his produce to the trading centres unmolested.

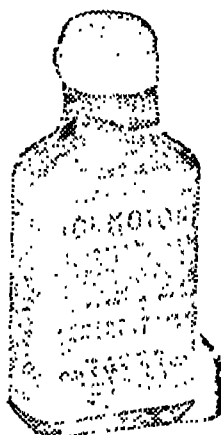
"An extension of the railway from Kano to N'Guru is opening up a new and vast trading area in the Bornu Province. Apart from the certainty of increased supplies of groundnuts and hides and skins in the future, gum arabic of first class quality is obtainable in large quantities, and it is thought that in time Bornu will rival the Sudan as a source of supply of this valuable commodity."

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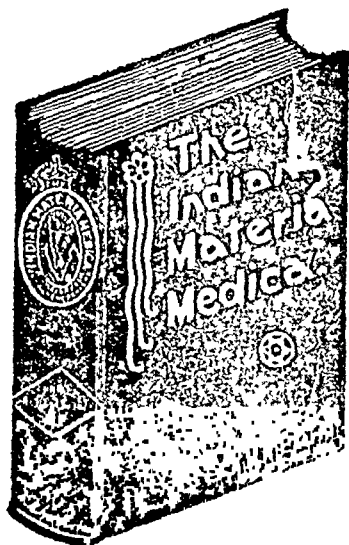
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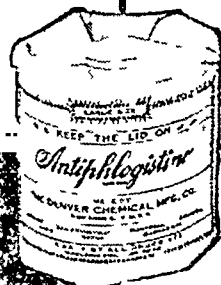
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The Journal of Ayurveda

or the Hindu System of Medicine

Vol. VIII.]

June, 1932.

[No. 12.

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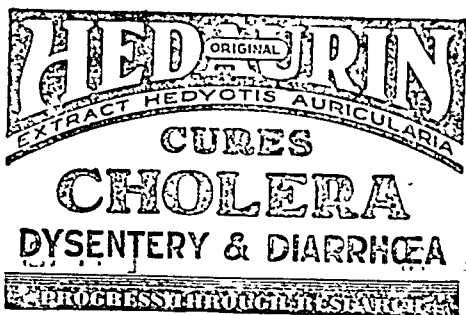
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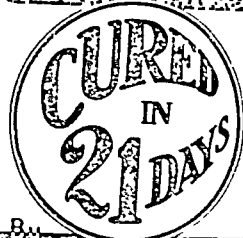
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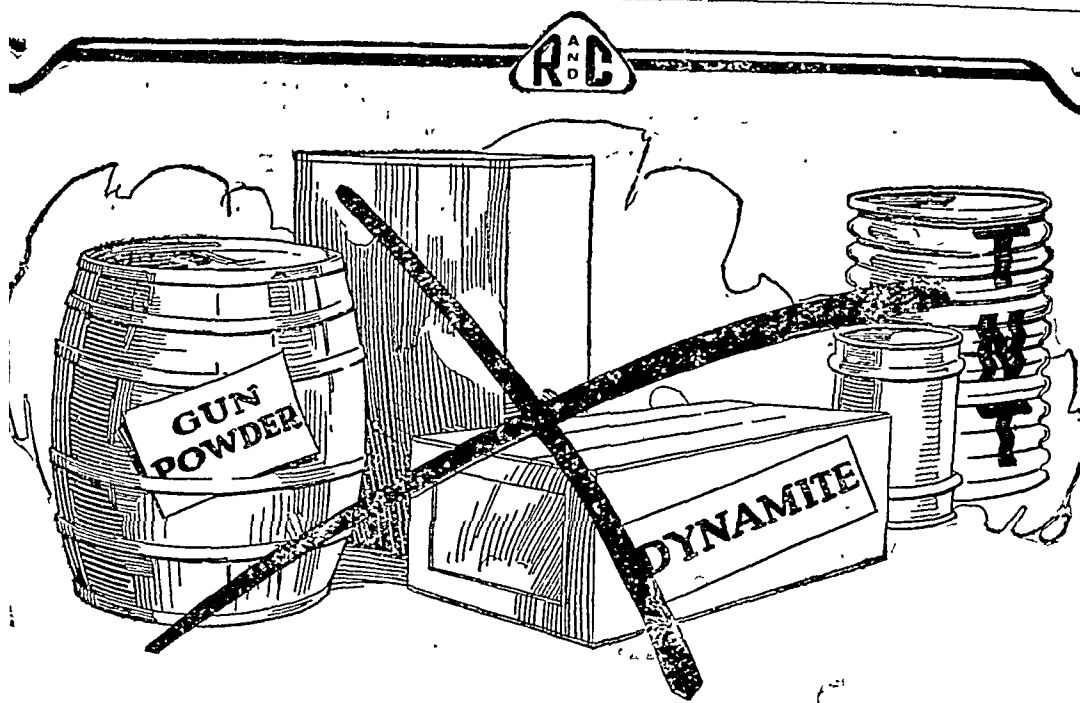
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THE JOURNAL OF AYURVEDA

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June, 1932.

[No. 12]

Random thoughts about diet

BY

DR. B. GANGULY, M.B.,

COUNCILLOR, CALCUTTA CORPORATION;

EDITOR, "*Swasthya*."

Nations that live upon vegetable diet and, in particular, upon rice, as do the majority of Hindus and Chinese, are of a peace-loving nature.

Nations living principally upon vegetables are less prone to engage in war-like enterprises. They like quiet and peace.

It is because of this that a comparatively small number of meat-eating Britishers and Dutchmen have mastered millions of rice-eating Hindus and Malaysians and a few Belgians were able to subjugate the millions of inhabitants of Congo, who live upon starchy flour made from manioc and other similar roots and upon millet, batates and bananas, all of them poor in Albumin.

Nations living principally upon rice and other foods equally poor in Nitrogen have untiring capacity for work. They are much less nervous than the meat-eaters.

Foods containing sufficient Albumin are essential for school-going boys and girls.

The amount of lime contained in the food is of the greatest importance in keeping the teeth in good condition—specially during the period of growth.

Original Articles

MIDWIFERY IN ANCIENT INDIA

BY

DR. GIRINDRA NATH MUKHERJEE, B.A., M.D., F.A.S.B.

Calcutta.

XI.

APPENDIX II.

BIRTH CUSTOMS.

"The Treatment at Child-birth. Sasthi system.—

The treatment of women and children at child-birth in Bengal, Bihar, and Orissa is generally regulated by the Sasthi-system, which is so called because the worship of Sasthi, the tutelary goddess of young children and of women at child-birth, is an essential feature in it.

The expectant mother is taken to a lying-in room (Sutika ghar) shortly before delivery. The character of the room depends on the means and enlightenment of the family, but generally it is one of the worst rooms in the house, or a shed is erected outside in the compound. Among the poorer classes, the woman's accommodation is wretched. A portion of one of the living rooms may be screened off, or she may have to use the verandah; some doctors even state that the cowshed or kitchen is occasionally used. As a rule, when a separate room is assigned, it is small, dark and ill-ventilated. Bad as the ventilation would naturally be, the perfusion of air is often absolutely impossible owing to windows and apertures being closed with mud or stuffed with rags; this is done in order to prevent the mother and child catching cold, or because of a superstitious belief that it is necessary to keep out evil spirits. The outside shed, moreover, is often damp, and no attempt is made to admit the sunshine. Among the better castes, the mother is regarded as impure, after giving birth to a child, for 30 days, if it is a girl, and 21 days if it is a boy, and among some of the lower castes for 6 or 12 days. It would therefore be out of the question to furnish the room, and

her bedding is poor and meagre. She generally has some straw or an old torn mat to lie on, though sometimes a charpoy or taktaposh is allowed. A quilt made of dirty old rags serves as a coverlet, while her head rests on a dirty pillow or even a brick. However hot the weather, a fire is kept burning in the room day and night for at least five and, sometimes, as long as 21 days. The belief is that, unless the room is kept at a high temperature, the child will be an invalid or liable to catch cold all his or her life, while the mother will get pneumonia or typhoid. The more ignorant believe that the fire has magic power to save mother and child from the influence of evil spirits. Sometimes, however, the child is suffocated by the acrid fumes: all the same, its death is put down to malevolent demons. For the first five days at least, the mother is at the mercy of a low-caste midwife, who is called *Agani* in some parts of Bengal, as it is her duty to keep up the fire (agni). No male may enter the room and the women of her family may not touch her: if they do, they have to be purified by a bath before resuming their household duties. No doctor can attend on her because of her impure state—this of course is not the case with the educated classes. In Orissa, should it be necessary to seek medical advice, a drop or two of oil that the young mother has touched is put into water, and the *Kabiraj* or doctor makes his diagnosis from the way it floats and prescribes accordingly.

Heat is believed to be necessary for a speedy recovery. In addition to the warmth of the fire, the mother and child have hot dry fomentations, and the child after being rubbed with mustard oil is laid out in the sun for hours at a time: this is believed in some places to strengthen the cranial bones. Cold drinks are prohibited, as it is thought that they may bring on suppuration of the womb. Water is either not given at all or very sparingly for the first few days: in any case it is warm or tepid. To keep up her strength, the mother is given a concoction, of which the main ingredients are hot spices, such as pepper and ginger, and warm *Ohl*; when she can digest solid food, she eats fried rice (*chura*) and fried garlic.

On the fifth or sixth day the woman and child have a bath and she is sometimes allowed to change her room. In any case the lying-in room is cleaned—not too soon, as in many parts the ashes of the fire are allowed to remain as they are till this day, while the sweepings of the floor and the dirty, foul-smelling

the effect of which is that the spirit joins the spirits of his ancestors in the Pitriloka, or heaven of the Pitris, and there becomes a participator in the Sraddha offerings, more particularly of the funeral cakes (Pinda). This belief precludes the idea that the spirits of the departed are reborn in the same family. If, however, an infant is born within one year of the death of a member of the family, it is generally thought that the spirit of the departed has come back. Sometimes also, if a child shows extraordinary precocity, he or she is regarded as a reincarnation of an ancestor. A correspondent informs me that a daughter of his, only four years old, when on the point of death, begged that she might be taken to the bank of the Ganges. Her last request was granted and she died on the riverside crying "Ma Ganga," "Ma Ganga". This knowledge of the Hindu religion by a child of such tender years was so extraordinary, that all the villagers were convinced that the spirit of the child was that of her grandmother, who had died ten years before.

There appears to be an express or implicit belief among some aboriginal tribes that souls return to animate human beings in the same family. It is a general belief among the Khonds that the souls of deceased persons (Pidari) return to animate human bodies, but such persons must have been married, or at least have had sexual intercourse, during their lifetime. The souls of unmarried persons cannot enter the circle of family spirits, but are malevolent spirits, causing fever, ague, apoplexy, etc. Those of married people animate the foetus as soon as it is fully formed. The souls of old people are believed to possess similar powers even before their death. It is also said that if an expectant mother sees one of the ancestors in her dreams, the foetus is then endued with life, and begins to move in the womb. The soul of a dead man may animate two or more persons at the same time or in different generations.

In a report by Captain MacPherson, dated the 10th July 1844, regarding the practice of female infanticide amongst the Khonds, it is stated—"The Khonds believe that souls almost invariably return to animate human forms in the families in which they have been first born and received. But the reception of the soul of an infant into a family is completed only on the performance of the ceremony of naming upon the seventh day after its birth. The death of a female infant, therefore, before the ceremony of reception is believed to exclude its soul from

the circle of family spirits, diminishing by one the chance of future female births in the family. And, as the first aspiration of every Khond is to have male children, this belief is a powerful incentive to infanticide. Inquiry shows that there is no belief among the Khonds at the present time that the ceremony of receiving a child into the family on the seventh day after birth confers the privilege of re-entering the family at some future time. This power is acquired only when the child has become an adult and been married. The explanation is probably that, as it would be improper to destroy a child after it had been given a welcome in the family circle, it became the practice to destroy female children before the ceremony was performed.

Among the Chakmas and Maghs, when a child is born, its body is carefully examined to see if it has any red or black spot. If such a spot is found and it corresponds with the mark made with sandal wood paste on the dead body of a relation, it is thought that that relation has been reincarnate in the child. Further, if a dead man appears in a dream, and a son is born shortly afterwards, he is considered to be a reincarnation of the dead man. The Gonds also believe that a man can be born again in his family. His soul is brought back to the house on the fifth day after death.

His relations go to the side of a river or stream and call him by name, after which they catch a fish or an insect and take it home. There they either place it in a room reserved for the spirits of dead ancestors or eat it in the belief that the dead man will again be born in the family.

The practice of naming children after ancestors also seems to point to a belief in the conservation of spirits in the same family. This is clearly expressed in the ceremony attending the naming of children among the Khonds. A Guru is called on the seventh day after its birth to discover by divination which of the ancestors has animated the new-born child. To make sure that the Guru has made no mistake, the child is placed on a new piece of cloth after having been bathed and fed. Should it fall asleep, it is a sign that the correct name has been discovered.

If there has been a mistake, the ancestral spirit will show its disapproval by keeping the child awake and causing it to cry; the Guru is thereupon required to make another attempt at divination. The Santhals also name their children after

ancestors. The eldest son takes the name of his paternal grandfather, a second son that of his maternal grandfather, a third son that of the paternal grand-father's brother, the fourth son that of the maternal grand-father's brother, etc. A similar custom is observed in the case of girls, the names of relations on the female side being taken in the same order. Among the Bhuiyas the name of the grand-father is given to the eldest son, that of the great-grandfather to the second son, and then the names of collateral relatives according to seniority. A similar custom of naming children after ancestors prevails among the Hos, who have a method of divination like that of the Khonds to ascertain which name should be given. They repeat the name of the ancestors in turn and as each is mentioned, drop a grain of pulse (Urid) in water; if the grain sinks it shows that the proper name has been selected, if it floats, they go on till the right name is found.

The Hos have no idea of reincarnation, though it is believed that the spirits of the dead return to the house. Seven days after death the spirit is solemnly recalled. Ashes are spread on the floor of the house and four women sit at the corners, while the family and their guests sit near the door outside and invoke the spirit. Two go out and call to the *Bongas* or evil spirits, praying that if any have taken the deceased, they will allow him to come back. The house is kept dark, and suddenly the women cry out "The spirit has come". They then light a lamp and look for the marks the spirit has left on the ashes. Some spirits leave the footprints of birds, some of snakes, others of cats, others of dogs. These footmarks show whether the spirit is happy or not. The greatest happiness is indicated by the footprints of birds, then of cats and then of dogs. The mark of a snake, however, shows that the spirit is in great misery. After this, the spirit is supposed to remain in an invisible form in the house, and a space is set aside for him in the inner room (*adina*), which no one but members of the family may enter.

Naming of Children.

Among Hindus every child has generally two names. One is the ordinary name by which the child is known to the outside world. The other is the Rashi name, *i. e.*, a name containing the first letter of the *rashi* or sign (division of the zodiac) under which the child was born. This name, which is given at the

Annaprāsana ceremony about six months after birth, is known only to the nearest relations and is used only in religious ceremonies. It is sedulously kept secret from the public on account of a superstitious belief that mischief can be done to the child through it. Many also have a third name, which is only used in the family or among relations and friends. The *rashi* name is frequently chosen by a species of divination. Two or more names are written out and each is placed before a lamp; the name before the lamp that burns brightest is chosen. The upper classes frequently name children after gods or goddesses and mythological heroes, the idea being that the children will be protected by the deities, or will grow up to be great or famous like the heroes or heroines whose names they bear. There is also an idea that virtue is acquired by mentioning the name of a god or goddess in addressing a child. Now-a-days such names are not so frequently given, but melodious or poetical names are chosen instead, *e.g.*, Jyotsna (moonshine) for a girl.

Among the low castes, names are selected more or less at random. A child may be named after the day of the week on which it was born, *e.g.*, Sombari (born on monday), or the name may mark some physical peculiarity, or it may even be the designation of some common article.

Among the Bhuiyas of the Orissa States the name of the grandfather is generally given to the eldest son, that of the great grandfather to the second son, and then the names of collateral relatives according to seniority; but it is not unusual to give a name that commemorates some incident or event that happened on the day of the child's birth. Thus, if the child is born on the anniversary of a festival, he may be called after it, *e.g.*, as Dashara. If a European happens to pass through the village on the day of the child's birth, the child will be named Saheb or Gora (white man), while, if it is visited by a Musalman, a dealer, a peon or a constable, the child's name will be Pathan, Mahajan, Chaprasi or Sipahi (sepoy) as the case may be.

If women have failed to bear children before, or if their children have been still-born or have died shortly after birth, opprobrious names are given in the belief that this will avert the evil eye or fail to attract the god of death. Such names as Tinkauri and Panchkauri are supposed to mean that the child is worth not more than three or five cowries. Similar names are Sachunni (the broomstick), Kangalia (the poor), Haran (the lost

ceremony, called *Saptamrita*, is held in the seventh month, and sometimes also in the ninth month, when it is called *Nabamrita*.

A woman who is expecting her first child is also given a series of entertainments in order that she may keep up her spirits and her child may have a happy disposition. The first of these is called *Kancha Sadh*; *sadh* means the desire or craving of a pregnant woman. It takes place in the fifth month when the fact of pregnancy is clear. She is given various articles of food to eat, such as sweetmeats, fruits, etc., on an auspicious day; there is general rejoicing in the family circle, and a feast is held to which friends are invited. From the seventh month till delivery, more entertainments are given which are called *Pakka Sadh*, or *Sadh-bhakshan*. The nearest female relatives are expected to entertain her in turn and present her with a new *sari*. She has to put this on before eating, and is given various dainties to eat. Children are invited to sit with her and to help her in doing justice to the good fare. A little boy (never a girl) first of all hands her a morsel of food in order that she may give birth to a male child. The object of these entertainments is to keep her bright and cheerful: incidentally she secures a good stock of *Saries*, a new one being given to her on each occasion.

Causation and Determination of Sex.

The desire of Hindu parents is naturally to have male children, and there are various beliefs regarding the measures necessary to obtain male offspring. The general idea is that the male element must be able to prevail over the female element, in other words, that there must be an abundance of semen. It is also believed that the male principle is strong on even and the female on odd days: consequently, intercourse on even days (from the 4th to the 16th day after the commencement of menstruation) will produce a male child, and on odd days a female child. Various devices are adopted in order to ascertain the sex of the child before birth.

Sometimes a *ganak* or astrologer fortells it by drawing figures with a piece of chalk; to make his calculations, he must know the numbers of letters in the names of the wife and husband, and the month in which the pregnancy commenced. Another common method of divination is as follows. A stone pestle and an earthen plate or lamp are covered with two cane baskets. A small boy is asked to uncover one of the two. If the basket,

over the pestle is taken off, it is believed the child will be a male; otherwise, it will be a girl. Occasionally offerings are made under a banyan tree on the day before the *Simantonnayan* ceremony, and the husband takes a leaf of the tree. The edge of this is steeped in the juice of a plant called *Kantikari* and held to the nose of the wife. If she sneezes, it is believed there is a male child in the womb and, if not, a female child. There are also, of course, ideas, which are common to women in many countries, that the sex of the child can be known from the position of the womb and the colour of the nipples, that if the expectant mother looks dark and thin during her pregnancy, the child will be a male, etc. Some women also think that if conception takes place in the bright half of the lunar month, it will result in the birth of a male child, and, if it occurs in the dark half, the birth of a female."

Census of India, 1911, Vol. V. Part I. Report. P. 328.

AYURVEDIC THERAPEUTICS OR THE SCIENCE OF RASA, VEERYA VIPAKA AND PRABRAVA

BY

VAIDYABHUSAN PURUSHOTTAMSHASTRI HIRLEKAR,

AMRAOTI

*and translated from his Marathi compilation by Ayurveda-
charya Pandurang Hari Deshpande, Poona.*

(Continued from our last issue)

APPENDIX II.

PROPERTIES : SNIGDHA, ROOKSHA, ETC., AND

THEIR SWAROOPAM.

While describing the properties of substances, a mention has been made, in the texts, of properties such as Snigdha, Rooksha, etc. While describing the action of a substance either producing or curing disease, it is also said that it is endowed with some such qualities as Snigdha, Sheeta, Rooksha, etc. The point in mentioning these is to show that the action of substances in different parts of the human body takes place on resorting to some of these qualities.

Ayurveda has divided all the substances of the human body as also its physical actions into three : viz. Vayu, Pitta and Kapha, and these three Doshas are so to say a combination of some of the properties heading with Snigdha, Rooksha, etc., and though by general and far-fetched meaning all the actions of substances are due to these Doshas, there is really a difference in them according to the real qualities of the particular Dosha. While treating the Dosha, therefore, such properties of substances should be caught hold of as would be effective on those particular qualities of the Dosha. Such properties of a substance are really indicative of its specially effective power. Out of the disorders said to be taking place from one of the three Doshas, some are from one of its qualities and some from the other. Many disorders have been said to be taking place from the Kapha Dosha. But some of them are due to its Snigdha quality, while some are from its Sheeta quality, while there are also some coming from its qualities such as Guruta, Mriduta, etc. While prescribing, therefore, a medicine against Kapha Dosha, sometimes it must be seen that it contains Rookshata as against Kapha's Snigdhata or sometimes Ushnata against its Sheetata, etc. This is why particular properties of this minute description are required to give full consideration.

Shunthi (Zinziber officinale), *Pippali* (Piper longum), *Maricha* (Piper Nigrum), *Kantakari* (Solanium xanthocarpum), *Atarusha* (Aghatoda Vasica), *Vansharochana* (Extract of Bambusa arundinacea) etc., are some of the medicines indicated in Kapha. But their actions upon the Kapha disorders are each different. Shunthi, Pippali and Maricha are Ushna, but the first two are Snigdha while the last one is not so. Kantakari, Atarusha and Vansharochana are sheeta and rooksha but Vansharochana is more rooksha and Kantakari is teekshna while Atarusha is the more so, as also it possesses the *Stambhana* property which Kantakari has not got.

Having due regard to such variation in the properties of the above-mentioned medicines, Shunthi, Maricha and Pippali will be more useful in such disorders as sleepiness, obesity, dyspnea, etc., of which sheetata is the main cause. Kantakari will be effective in Asthma, Cough and Rheumatism. Atarusha will be specially indicated in Asthma and Cough originating from the disorders of Kapha and Pitta as also in Scurvy, *Urahkshata* (patches in the lungs), tuberculosis, etc. Vansharochana will be really a curative medicine of the type of Cough which is originated from

the excess of Kapha. (More noteworthy properties of Vansharochana, however, are different).

Following are the twenty qualities described in Ayurveda :—

(1) Sheeta, (2) Ushna, (3) Snigdha, (4) Rooksha, (5) Guru, (6) Laghu, (7) Manda, (8) Teekshna, (9) Mridu, (10) Kathina, (11) Sthira, (12) Chala, (13) Sandra, (14) Drava, (15) Sookshma, (16) Sthoola, (17) Vishada, (18) Picchhila, (19) Shlakshna, and (20) Khara.

THE FORMS AND ACTIONS OF THESE TWENTY QUALITIES.

<i>Quality</i>	<i>Form</i>	<i>Action</i>
Sheeta	Cold to touch	To produce coldness in the body
Ushna	Hot to touch	To produce hotness in the body
Snigdha	Wet and smooth	„ effect accumulation and (thereby) productivity and growth
Rooksha	Dry with want of smoothness	„ produce dreariness (rookshata) and (thereby) separation.
Guru	Heavy in weight	„ Cause heaviness.
Laghu	Light in weight	„ Cause lightness.
Manda	Mild	Appeasing.
Teekshna	Severe	Irritating.
Shlakshna	Smooth	Not pricking to the physical substances (or not to cause substances to prick each other).
Khara	Rough	To cause the physical substances to prick each other.
Kathina	Hard	„ bring hardness to the Dhatus.
Mridu	Soft	„ bring softness to the Dhatus.
Sthira	Steady	„ bring steadiness
Chala	Moveable	„ bring moveability
Sandra	Thick	„ bring solidity
Drava	Liquid	„ bring liquidity

Quality	Form	Action
Sookshma	Minute	To create vacuum
Sthoola	Broad	„ lessen vacuum
Vishāḍa	Clean	„ create cleanliness
Avila	Soil	„ create dirtiness

Among all these twenty qualities only two are prominent—Sheeta and Ushna; other eighteen forming part of them, as each of these, hot and cold, has nine subclasses of its own, viz., Sheeta (cold), Snigdha (greezy), Guru (heavy) Manda (mild), Shlakshna (smooth), Mridu (soft), Sthira (steady), Sandra (thick), Sthoola (broad) and Avila (soiled) being one whole class, while Ushna (hot), Rooksha (dreary), Laghu (light), Teekshna (severe), Khara (rough), Kāthina (hard), Chala (moveable), Drava (liquid), Sookshma (minute) and Vishāḍa (clean) form the other whole. Sheeta and Ushna are independent and prominent and the rest are dependent and seem to show their forms relatively.

It must now be clearly understood to get a full idea of the properties of Sheeta and Ushna that the former is an agent of union while the latter of separation. Sheeta, being the agent of union, unites together all the particles. This unity is Snigdhata. Sheetata tends to unite while Snigdhata happens to exit in the complete form of unity. In this united state many particles are collected together and so Guruta and Sthirata and Mapdata, quite naturally follow. So also Sandrata (meaning solidity) is indicative of the united state. Avilata happens to be in the state of Sandrata. Sthoolata is the very form of unity. The clear meaning of Sheetata is then unification. This unification takes place in the *parthiva* particles, as the very resort (origin) of all the substances is (पृथ्वी) only. In the *parthiva* particles, the property of attractiveness naturally appears. But among such particles, union is possible then alone when, by combination of one into the other, there is oneness. For this combination, the principle of *Ap* (Water) is required to be combined into that of *Prithvi* (Earth) and to get oneness amongst the particles, their original form must be changed and they must be turned into a liquid state. Before this liquid state, though there is unity, it is only of the type of closeness; it is not oneness and so there cannot be liquidity in them but rather solidity. When particles are closely united together, there is no vacuum—etherial space left in between them. In these particles, which are placed in a state without

vacuum and in the same level, smoothness takes place which is called Shlakshnata. and when Ardrata (wetness) is added, Snigdhatā comes off, which, when proportionately increased, brings about Mridutā. This is really the state of Shithilata. Dravata is then nothing but a perfect state of this Shithilata.

In this way, Sheetata and its nine sub-qualities are depicted. Now the ten in the Ushna group shall receive consideration.

The main quality in this group—Ushnata—is chiefly the agent of or producer of *Vigojita* (separation). The quality which follows the state of separation is really Rookshata. This Rookshata means the readiness of particles to part from each other and so in this sieve-like state of the particles, the qualities Laghuta and Asthirata take place. In the state of unsteadiness and the point of being separated, Sthoolata goes off and Dravata happens to take place. In the actual state of separation, the particles are separated from each other, Sthoolata goes off and Sookshmata comes there. Swachhata then naturally follows. Mridutā, that is possible in the close union of particles, goes off and kharata comes off, and by this roughness, softness is removed and a sort of hardness is brought about.

“A sort of hardness” is said because, though there is hardness in the closely united particles, when these particles are actually united together, it cannot be without some Ardrata, as without even the smallest degree of wetness, unity is but impossible. Without having Ardrata, the natural individuality of particles does not go off so as to bring about oneness. So the hardness of united particles is always with wetness, even though in the smallest degree, while now in the contrary state of this, where there is no unity, no smoothness, and no liquidity even in the very dry particles,—a sort of hardness is just possible and the same is referred to above.

The hotness that acts as an agent of separation, when increased to a great extent is called Teekshnata and the same tends to separate the particles very severely. This is quite a contrary quality of mildness which is found in the state of Sthirata and Snigdhatā.

In this way is described the other class of qualities headed by Ushnata.

The regular working of the physical Dhatus, viz., the production of their particles and their growth, takes place when such various particles happen to unite; in the same way their wasting and death take place when such particles disunite from each other. It is, therefore, that such unions and disunions, which bring about

productions and destructions respectively, are important and consequently the properties, Sheeta and Ushna, which respectively bring them about, are considered to be most important. The twenty qualities above-noted showing the relative and specially active parts are subclasses of these two, Ushna and Sheeta.

When the digestive power in the physical Dhatus itself is diminished, and lackness of nutritious substances takes place, Dhatus begin to waste away. In this state, digestive and nutritious substances are indicated. *Pippali* (Piper longum), *Lashuna* (Allium sativum), *Adraka*, *Louha* (Iron, Mercury, Sulphur, pearls; *Pravala*, etc. contain such properties.

When in the state of wasting, Dhatus are soiled with Ama dirt, and the substances curing them must be iligestive, stimulant and purifying. The Dasha Moolas (roots of ten herbs headed Aegle marmelos), Ginger *Zinziber officinale*), *Gudoochi* (*Tinospora cordi folia*), *Kirata* (*Swertia chirata*), etc. are medicines containing these properties.

When in the wasting condition. Ushnata is in more degree, tonic medicines diminishing this hotness but not causing cold (which is very possible in such a weakened state) are required and *Yashti madhu* (*Glycirriza glabra*), *Musta* (*Cyperus scariousus*), Extract of *Gudoochi* (*Gudoochi Satvam*), *Pravalam*, Pearls, etc. serve th's purpose.

When, however, wasted Dhatus are very clean and have neither hotness nor coldness increased, but dryness and dreariness increased in them, medicines which are neither ushna nor sheeta and not increasing snigdhatta but only diminishing the rookshata and kharata from the former are required. The actual state is this that the dried particles of the Dhatus having been bereft of their juiciness do not supply them the nutritious liquid and because of this dryness and roughness Dhatus dash against each other and cause trouble to each other. Here such medicines must be indicated which by their smoothness will cause evenness and growth in them. The quality of smoothness is required in such a state. *Vanshalochanam* (Extract of *Bambusa Arundinacea*), *Gairika* (Red earth), extract of *Gudoochi* etc. are endowed with such properties.

In the treatment of any disease, these subclasses of qualities, according as *Doshas* and their *Dooshyas* (Dhatus and Malas) are disordered, must be taken into consideration.

The affection by one disease to different people at different occasions is seen of different types and the reason of this difference

is that the abode of the disease and the particular Dhatu is affected by different qualities. The treatment here, if required to be successful, should be directed by taking into consideration this difference.

In fevers, generally stimulant, digestive and diaphoretic medicines are necessary, as the Pitta (bile) in the Pachyamanashaya (Small Intestines) ceases to be in its own abode, but goes elsewhere, and the ducts carrying sweat are contracted. Bile having gone up from its usual place, being the reason of heat in fevers, medicines to be indicated in them must contain properties that will pacify Pitta. This has, therefore, been laid down as a rule in the treatment of fevers :—

जमा पितादृते नास्ति ज्वरो नाक्षुप्सणा विना ।

तस्मात्पित्तविरुद्धानि त्यजेत्पित्ताधिकेऽधिकम् ॥

It is, therefore, that medicines in fevers are digestive, stimulant, diaphoretic and those appeasing the Pitta. These are really the qualities of the combination of hot, cold and soft qualities existing in the combination of tikta and madhura rasas, and so generally in fevers Musta (cyperus scariosus), Parpata (Fumeria parvifolia), Shathi (curcuma zedoaria), Gudoochi (Tinospora cordifolia) etc. are found to be very effective. But every time and in different cases some difference is seen in the types of fevers. In intensive fevers, where the quality Teekshnata is increased (called the Pittaja or Pittadhika Jwara), soft and pacifying qualities are required and so along with the above medicines, Dhanyaka (coriandrum sativum), Nimba (Azadirachta Indica), Chandana (Santalum album), Valaka (Andropogon Muricatus) etc. are used effectively. If, however, this severity and consequent intensiveness of fever is relatively less, but there is rather Snigdghata in the defective Pitta and consequently Guruta and Sheetata are increased, along with the common antipyretics, medicines of Ushna, Teekshna, Rooksha and Laghu qualities (which qualities are found in the Tikta and Katu rasas) should be used and so in this type of fever (called Kaphadhika Jwara), Ginger (Shunthi zinziber officinale), Pippali (Piper longum), Ataroosha (Aghatoda Vasica), Kantakari (solanum xanthocarpum), Katuki (celsia coromandeliana), Dhanvyasa (Fagonia Arabica), the root of the long pepper, Maricha (Piper Nigrum), etc. are indicated. And if there is rather Rookshata in the defective bile, producing fever, (called Vataja Jwara), grapes (vitis vinifera), Yasti madhu, Gokshura (Tribulus terrestris), Shaliparni (Desmodium

Gangeticum), Prishniparni (*Uraria Picta*), Bala (*Sida cordifolia*) etc. are medicines containing Snigdhatta which should be indicated.

The difference in the qualities of substances and their relation to the combination of Rasas and Anurasas must be taken into consideration before arriving at their properties for certain.

PROPERTIES OF MEDICINES.

Having taken into consideration the principles which are described in the present compilation, if one goes to read the properties of substances described in Ayurvedic texts, one must know that such properties are described after having first described the Rasa, Anurasa, Vipaka, Veerya and Prabhava of them. He, however, cannot find there which of the properties relate to Rasa, Veerya, Vipaka and Prabhava separately. So also it is not clearly stated there which of the properties are general and which are special, and so they cannot be understood in their proper sense. One is, therefore, required to decide the relative value of these properties after having considered the theory of Rasa, Veerya, Vipaka and Prabhava. This relative view is all the more necessary when they are put into practice especially in a particular disease. Unless it is clearly ascertained which of the actions of a particular medicine affect the whole body and which its particular part, medicines cannot be efficaciously brought into use in treatment.

When a certain disease takes place in a part of the body, that particular part is more affected than the others and so the disease-producing causes act powerfully there alone. Even when Dhatus, such as blood and others in the whole body are affected, and a disease appears on a particular part, it is clearly inferred that that particular part is more weakened and is more affected. There are, however, some substances which, without affecting the whole body, or rather keeping it quite healthy, act vigorously on a particular part. So then it is clear that particular diseases take place on particular parts of the body by a particular local disorder and so medicines indicated in such particular diseases must contain the power of acting specifically on such particular parts. Medicines containing such power are to be considered as specific medicines. In diagnosis, it is important to know accurately the part of the body affected and in treatment importance is given to the knowledge of the specific action of a medicine on that particular part. In diagnosis, *Sthanasanshaya* of the Doshas, being the (direct) cause of a disease, is important to be noted for the knowledge of.

the particular part affected and in therapeutics Prabhava of a medicine is given importance as it tells upon what particular part of the human body it is going to act.

Every disease has two stages, one the first stage in the form of causes, Prognosis—and the second, the regular stage of the disease—Diagnosis, in which the disease appears in its full form. In the first stage, though the disease-producing cause has appeared in the whole body, for want of a favourable soil in a particular part, it is latent, but becomes apparent on some part where it finds a favourable field. As long as such a favourable field is not found, the disease will never appear. But, such a cause is of that type that will appear in the form of a disease on any part it finds favourable. The favourable field for the cause of the disease is the weakness of the diseased part and, therefore, in the treatment of any disease, such diseased part and its disorder are required to be taken into consideration. In some diseases, when the cause of the disease has appeared in a particular part, it is extinguished from all parts of the body, but in others it exists in the whole body even after it has appeared in a particular part. These stages, of course, depend upon the power and proportion of the poison of the disease. But whatever may be the stage, the disease having shown its appearance on a particular part, it must be treated, particularly locally.

The treatment is also told to be two fold in Ayurveda. In the stage when causes of a disease exist in the whole body, the treatment is given to extinguish them in that stage, and in the abode of the disease where these causes make appearance, the treatment is given to cure that form of acting on that particular part. These are termed in Ayurveda as *Hetupratyanika* and *Vyadhipratyanika* respectively. The former acts generally on the causes in the whole body while the latter particularly on the part affected. The action of the *Hetupratyanika* treatment is through the *Veerya* of a drug while that of the *Vyadhipratyanika* treatment is due to its *Prabhava*. It is, therefore, that *Prabhava* of a drug is given great importance and its consideration must be given due attention to. *Prabhava* is the particular action of a drug on a particular part of the body.

In treatment, this sort of *Prabhavi* drug is really considered as the specific remedy. It is not that a general medicine does not act on a disease, but it acts only generally, not specifically. In every part of the human body a particular kind of liveliness happens

to be existing and owing to this liveliness the lively actions of the part are going on. The particular action of a drug on this part, owing to homogeneity, is called Prabhava and so the same is very important.

In therapeutical works, as said above, no classification is seen as to such and such properties are due to the Veerya of a drug and such are due to its Prabhava. But having told the Veerya and its effect on the Doshas, the uses of the drug are indicated in certain diseases and its object is clearly to show that that drug acts particularly on such diseases. Otherwise there was no necessity of indicating that drug on such diseases after having said that it diminishes such and such a Dosha (disorder) without which no disease makes appearance.

Still in such works treatment on the Prognosis-causes is mixed with that of the disease-treatment, and it then becomes difficult to differentiate from the properties mentioned therein the general treatment from the particular. It is, therefore, that the therapeutical science or the theory of these properties is required to be resorted to. The present compilation is meant to consider the same.

1. Properties of substances experienced from their Rasas and the difference perceived by the Anurasas.

2. Properties changed by Vipaka as also those specially due to Vipaka.

3. General properties from Veerya and the general effect upon diseases.

4. Powerful properties (due to Prabhava) and their speciality or otherwise.

In this way properties of substances are to be clearly described. For this description, if possible, the order will be as Rasa, Anurasa, Vipaka, Veerya and Prabhava. But this order cannot be observed everywhere. Because while describing the properties, those of the Rasa and Anurasa combined, as also difference in the properties from Veerya due to this combination are interdependent and so while describing one, the other will naturally intervene, but the same will help to easily understand their relations with each other. Redundance is, of course, not advisable for retaining the order.

(To be continued).

FIGHTING THE FATIGUE POISONS

A NEW METHOD OF REJUVENATION

BY

DR. HELAN JAWORSKI.

(The distinguished Paris Physician in an Interview.)

To rejuvenate man or woman it is necessary only to introduce a few drops of blood taken from a younger person.

In my youth I was an ardent student. To understand the science of medicine I considered it necessary to study botany, zoology, anthropology and biology. Thus through the combination of facts that I gathered, pieced together and compared, I discovered a principle that throughout Europe is now described as 'Interiorisation'.

'Interiorisation,' roughly speaking, is a process in the human body that is something akin to the crystallisation that takes place in over-strained steel. It means, briefly, the hoarding of fatigue poisons in the blood.

As we get older, we hoard more and more 'toxins' or poisons, and it is these that constitute the reason for most of the changes that take place in the human being past his prime.

WHY TREES ARE LONGER LIVED

A tree, which hoards no poisons, demonstrates the principle of 'Exteriorisation', and a comparison showing how much longer-lived are trees than men proves the necessity of forcing man to 'exteriorise'. This fact I knew years ago. But the difficulty lay in finding a method whereby the fatigue poisons in man might be fought.

Rejuvenation, to my mind, is a term that is rather absurd, because it suggests an idea far removed from true scientific aim or accomplishment. The scientist is not interested so much in making a human body youthful as healthy, and that the terms 'youth' and 'health' have become synonymous is due only to the fact that young people, as a class, have hoarded fewer fatigue poisons than those who have lived longer. However, since the term seems to please, I will continue to call my discovery a 'rejuvenation treatment'.

By working ceaselessly, and experiment upon animals, I learned that the injection of a few drops of blood from a healthy young person—preferably of opposite sex—would produce in human beings 'Exteriorisation' or the throwing-off of fatigue poisons.

The principle is simplicity itself, but of course the actual practice of the method is rather more complicated, for it involves blood tests, and the blood of the donor must not only be perfectly healthy, but must be suited to that of the patient. In addition, should the patient suffer from any organic disease, the treatment, although it may improve conditions slightly, is valueless from the aspect of restoring lost vigour.

I have not yet proved to my satisfaction the reason for this, although I judge it to be due to the fact that the poisons thrown into the blood of a sick person are too powerful to allow the new blood to produce the effect that it has on ordinary, though aged, blood.

I do not consider that my treatment is likely to prolong life.

But—and this is more important to most people than longevity—it will preserve youthful vitality for the natural span of life.

It will not allow of general deterioration. It will prevent both men and women becoming aged and infirm through hoarded toxins.

I wonder how many people realise that Man represents in separate portions of his own complicated body the almost complete organism and functions of a number of animals !

MAN—AN AMALGAMATED ANIMAL KINGDOM

It is not easy to explain, but I will put it as simply as I can. The lungs, for example, represent in themselves practically the whole organism and functioning of birds, the intestines are practically perfect reptiles, the hands in a general way act as do crabs and the myriad creatures of the ocean that are similar, and so on.

In a phrase, Man is the incorporation of the entire animal kingdom—the amalgamation of it !

And the cure for most diseases lies in serums prepared from the animal that resembles the organ affected. Thus, from birds, I have been able to evolve a serum that cures many respiratory troubles, such as asthma, hay-fever, pneumonia and so on. For

further confirmation, I cite the success of anti-toxin in the treatment of diphtheria.

Unfortunately our limitations in knowledge prevent us from understanding clearly some of the functions both of the organs of Man and of his relation to beasts. Therefore, we have not yet got very far. But scientists all over the world are working to obtain more accurate information and in time, little by little, we shall utilise our similarity to animals to our own advantage.

I believe that Man evolved from the same life-cells that produced all other forms of life—in a sentence, that such different creatures, let us say, as the kangaroo and the bird evolved from one type of cell and that conditions alone were responsible for the divergent type of growth that each achieved. A further division took place when Man was evolved. But this new creature, Man, continued to function as had the other forms of life, simply carrying on the processes of his animal brothers and sisters, combining these within himself !

However, that is only the underlying principle upon which my rejuvenation treatment has been built. And now let us see what rejuvenation really means.

First let us look at it from the point of view of efficiency. At present elderly people often find it difficult to work with the nerve and speed which they put into their work in their earlier years, and this is attributed vaguely to 'age'. Of course it is not age. Age means very little. It is the accumulation of the toxins in the blood that is slowing them down. The brain in an elderly body is not being fed on the pure food that once it received.

GETTING RID OF THE TOXINS

A treatment which rids the blood of that accumulation restores, automatically, the lost powers, mental and physical.

Next let us look at it from the point of view of human happiness, which after all, perhaps, matters most. It is generally agreed that a deterioration in good looks acts adversely upon men, but its effect upon women is disastrous. There is a general loss of self-confidence, an equally general and overwhelming loss of serenity that is not only tragic for the woman her-self, but eventually reacts unfavourably upon all who come into contact with her.

In addition it is true that many happy marriages and many successful careers are wrecked because a woman's appearance

is no longer attractive. In a number of cases, to throw off fatigue poisons is more than restoring the human body to its maximum efficiency—it is the prevention of a broken heart and a wrecked life!

Of course, when I speak of a few drops of blood, I do not mean that the blood itself is injected. It is a carefully prepared serum taken from the few drops that the donor gives. Since I began my work, certain doctors, in treating various diseases, have found it useful to take some of the patient's own blood and inject it, which causes a curious kind of shock which is sometimes extremely beneficial.

In my own treatment, there is no shock, and consequently no danger. The only risk that a patient could run would arise if the doctor were sufficiently careless to fail to make proper tests and assure himself that the donor's blood and that of the patient were perfectly suited.

The method of performing the treatment is so simple that any medical man can give it. The technique is not a secret any more than the principle. And this, I believe, concludes all that I can say about it. *(Hindu—Weekly)*

Reports of Societies, etc.

DISARMAMENT BEGINS AT HOME

How they did it in B.C.

BY GEORGE ROBESY

(The world-famous Comédien.)

"When there is not a flat-iron, a knuckle duster, a cosh, a beer bottle, an onion or a sheeze left in the world, then I shall begin to believe that we are serious about disarmament."

Disarmament! What does it mean, anyhow? I have just been discussing it with a friend, and he became so enthusiastic about it, that he offered to fight me! That is just the trouble about disarmament. A scrap of paper brought us into the Great War. I shouldn't be surprised if a passion for disarmament didn't bring us into the next War, just to prove that we were right.

My idea is this. If the world really wants to disarm, it must begin at home. Charity begins at home, which means to say you feed your own children before you worry about the man who is singing in the street. Disarmament should follow suit. You should throw away your flat irons,

your saucepans and other heavy artillery. If you are in favour of abolishing gas warfare, you must make up your minds never to eat onions again. If you don't believe in attacking civilians with bacteriological bombs, you must not sneeze in tubes and buses.

When there is not a flat-iron, a knuckle duster, a cosh, a beer bottle, an onion or a sneeze left in the world, then I shall begin to believe that we are serious about disarmament. Meanwhile I pay eleven shillings in the pound for income-tax, and I am looking forward to paying the whole twenty shillings in the pound, when I shall dye my hair, forge a birth certificate and see the world in the R. A. F. Meanwhile I like to see something for my eleven shillings, and I like to see some soldiers, some battleships and some tanks, just to be sure that all my money is not being spent on red tape at two pence a yard.

BUT WHAT'S THE GOOD OF IT ?

Britain has disarmed as far as her professional fighters are concerned, and can point to herself as a good example. I haven't noticed any falling off in the consumption of flat irons and onions, but perhaps that will follow. But what is the good of turning our tanks into tractors, our battleships into ashtrays and our mustard gas into eau-de Cologne, if the inclination to fight remains in any other part of the world? Our ashtrays wouldn't be much use if the Rajah of Bhong became bored and started beating up our nationals! True, we could send him a bottle of eau-de Cologne, but personally I would prefer to go armed with a gun. I haven't the slightest doubt that if we, literally, disarmed, some people would still go on fighting, and unless you cut off their knuckles and drew their teeth, I don't know how you would stop them.

But, say the disarmament enthusiasts, the League would have a police force which would beat up the Rajah if he was wrong. True, perhaps, but if you see your neighbour's dog chasing your chickens do you call a policeman or do you heave a brick at it? Probably by the time you reached to worthy Rajah with your international police, there wouldn't be any of your nationals left to argue about. Every nation has paid lip service to this great idea and I wish I could pay my income-tax in the same way. But they all stick to Cromwell's motto. "Put your faith in God, but keep your powder dry."

I believe in brotherly love but there are just one or two men I can't see as my brothers. It's the same with nations. They all say, "Oh, yes, the rest of the world is all right, but those—over the border are just—," only they say it in diplomatic notes, which make every goose seem a swan.

I remember talking to a border Scot some time ago. He told me how tough he was and what a tough race he came from. "Well," I

replied, "You've got to be tough, living between two different peoples. If you weren't tough, you wouldn't be there."

CHAPS WHO DON'T GIVE YOU ANY PEACE

You may think that I'm pretty blood-thirsty, but actually I'm as peaceloving as the man who accidentally treads on my toes. The trouble is that there are a lot of fellows who don't give you any peace—the chaps you owe money, and the chaps who owe you money, the neighbour who says your cat steals his chickens and the man who wants to sell you an insurance.

Of course you can settle your differences in court. The court probably awards one of you damages and the other costs, so that you are all square, and can fight it out round the corner without prejudice. The difference between fighting and going to law is that, win or lose in law, you continue to hate the other man, but after a good scrap you shake hands and think he isn't such a bad sort after all. What is true of individuals is true of nations. You always find the nations that have just been fighting each other, lining up together for the next scrap.

ANOTHER SPARTA AND ANOTHER — !

I think the King of Sparta knew more about real disarmament than all our experts to-day. He didn't worry about civilian objectives, categories, calibres and so on, but he knew that so long as he kept his men tough, no one would trouble to fight them. All his youngsters were licked every day of their lives. If they didn't like the lickings, they weren't good Spartans, and died. The youngsters who went in for stealing were encouraged, but given a good beating if they were found out at it. The result was they became very good foragers and didn't need "lines of communication" in time of war. Their line of communication led straight from a plate to a mouth. It was easily maintained.

We are just beginning to learn that the old King of Sparta knew which side his papyrus was buttered. If there had been a League, the King would have asked "What are the members leagued against?" and when they told him "War," he would have replied, "Well, go ahead, I'm not fighting". If an international incident occurred—a Spartan citizen help up at the Appolopigus frontier because his tie wasn't straight or something like that—then the King would have given the frontier police such a talking to that, next time, they would let through a Spartan without a tie at all. He would have kept such good order that no one else would have bothered to arm.

What we want to-day is another Sparta to keep the rest of the world in order. Now that suggests that another Helen would also be required. Well, I wouldn't mind. Anyway, it is the best way to prevent wars.

Hindu

Medical News & Notes

—:o:—

The summer vacation exodus is in full swing and thousands are flocking to the hills in search of relaxation and pleasure.

Many vacations, however, are doomed to end unhappily through illness and accident, and physicians will be called upon to treat innumerable traumatic injuries of the muscles, tendon sheaths, bursae and synovial structures about the joints; sprains, abrasions, lacerations, dermatitis caused by poisonous plants, sunburn, etc.

In these cases physicians will find Antiphlogistine one of the most useful and efficient all-round dressings.

In addition to its antiseptic, analgesic and osmotic qualities, Antiphlogistine by stimulating the flow of blood to the parts, favors the absorption of infiltrations, exudations and adhesions.

Injuries resulting in blood and fluid in the various synovial sacs are particularly responsive to Antiphlogistine; and the associated oedema and stiffness of a joint, following fracture, are usually much relieved.

Physicians are invited to write to the Denver Chemical Mfg. Co., 163 Varick Street, New York, for sample and literature.

ALL INDIA AYURVEDA VIDYAPITH EXAMINATION RESULT.

1932.

This year 77, 302 and 405 (total 784) Ayurvedic students sent in their applications for the Acharya, Visharada and Bhishak Examinations respectively. Among the 77 applicants of Acharya, four could not get permission to appear. Seven were absent. Out of the remaining 66, only 6 passed in third class. The Visharada had 302 applicants. Out of these 29 did not present themselves. Out of the remaining 273, only 33 students passed in the third class. In the last session, the Vidyapith had passed the following resolution:—“Students who pass the Vidyapith Examinations in parts will not be given the First or the Second Class. All the Acharya and Visharada examinees having passed in parts stand in the third class. The Bhishak Examination had 405 applications: but 25 students were absent. Out of the remaining 380, only 102 passed, four in the First, 17 in the second and 81 in the third class.

One extra-ordinary thing about this year's examinations is noteworthy. The Bellary Central Jail authorities, in pursuance of a G. O. No. 511 M. S. dated 4-2-31 Law and General Department, very kindly granted permission to the political convict No. 2429 C-Class, an Ayurvedacharya examinee of ours to appear for his examination in the jail itself under their direct supervision.

The Jail Superintendent moreover accepted to act as a Centre Superintendent of ours. We sent question papers, the examination programme and blank answer books for the above mentioned examinee to the superintendent and he gave the examinee the question papers at proper date and time, got the answer books written by him within the prescribed period and sent them to us well packed in registered parcels. The examinee has finished his remaining subjects and has come off as an Ayurvedacharya of our Vidyapith this year.

I am thankful to the Central Jail Superintendent, Bellary, nay, to the Superintendent of our special centre namely "Bellary Central Jail" for the pains he took for our Vidyapith.

The names, centres and classes of the successful students are given below.

Poona 2. } Secretary,
9th June, 1932. } ALL INDIA AYURVEDA VIDYAPITH.

ALL INDIA AYURVEDA MAHAMANDAL VIDYAPITH, POONA CITY.

List of successful students.

1932.

AYURVEDACHARYA.

<i>Centre.</i>	<i>Roll No.</i>	<i>Name</i>	<i>Class.</i>
Delhi	27	Vaishya Haridatta Thakoredatta	III.
Bankipore	37	Sukharamdas Babu Vindheshwari	"
Bezwada	45	Shistla Subrahmaoya Venkatramayya Garu	"
Lucknow	59	Dwivedi Chandrashekhar Ramacharansbastri	"
Rishikeah	65	Angirasa Haridwarilal Gaud Shamalal	"
Bellary C. Jail	76	Hudumba Duddyacharya Narasimhacharya	"
VISHARADA.			
Katachi	42	Slapande Dyarikaprassad Shivadayal	"
Cawnpore	57	Agnihotri Kanaujila Rajaram	"
"	59	Awasthi Rupanarayan Sukawilal	"
"	69	Jayachandra Kaundeya Manikyachandraji	"
"	93	Pandeya Kripashanker Mannulal	"
"	106	Mishra Shyambihari Vrajataljishastri	"
Gwalior	134	Chaturvedi Umadatta Dhanapatirai	"
Delhi	141	Gaud Pyarelalsharma Tejaramsharma	"
"	144	Joshi Ramdeo Sharma Sagarmalji	"
Prayag	157	Tripathi Shivaprasad Vrajamohan	"
Bankipore	173	Tripathi Govind Shrinarayan	"

<i>Centre.</i>	<i>Roll No.</i>	<i>Name.</i>	<i>Class.</i>
Bēzwada	210	Bulusu Subrahmanyashastri Sitaramshastri	III
"	213	Mulugu Kumarswami Subrahmanya	"
Muttra	220	Chaturvedi Chakrapanisharma Zuparam	"
"	221	Brahman Purnanandsharma Giridharilal	"
Lucknow	247	Goswami Salonevalabha Kamalvalabha	"
"	250	Tripathi Ramachandra Rajakumar	"
"	251	Tripathi Ramalal Rameshwarprasad	"
"	252	Dixit Triveniprasad Ramānrayan	"
"	259	Mishra Ramachandra Vedanathmishra	"
"	260	Mishra Ramanihal Ramalochana Mishra	"
"	261	Mishra Shobharam Chandrikaprasad Mishra	"
"	265	Shukla Shyamasunderlal Ramavilas	"
Rishikesh	275	Gaud Suryadattasharma Parashurānīsharma	"
"	276	Chauhan Suratsimb Devisimb	"
"	277	Gaud Kshemanand Badridattasharma	"
"	282	Dwivedi Tularam Vedaramsharma	"
"	285	Pandeya Krishnanandsharma Bachiramsharma	"
"	286	Pandeya Krishnanandsharma Jayadattasharma	"
"	288	Bilwopal Balkrishnasharma Bachiramsharma	"
"	290	Nishra Girishachandrasharma Kanayalalsharma	"
"	298	Sanadhya Bhudeosharma Premarajsharma	"
"	302	Somopal Lokamanisharma Dharmānandsharma	"

AYURVEDA BHISHAK.

Ajmer	6	Dwivedi Tularam Vedaramsharma	II
Amraoti	15	Borik Vasudeo Govindrao	"
"	16	Shete Mahadeo Narayan	III
Ahmedabad	17	Kulaguru Shantilal Mohanlal	"
"	18	Joshi Dasharathlal Ramakrishna	"
"	20	Joshi Shankerprasad Jadhavarai	"
"	23	Dawe Somanath Harishanker	"
"	25	Dwivedi Ambashanker Umiyashanker	II
"	29	Pandit Radhavalbha Shyamalal	III
"	30	Pandya Bhudrabhai Motiram	"
"	32	Pandya Somanath Maneklal	"
"	35	Mukharaiya Durgaprasadsharma	"
"		Sadashivsharma	II
"	36	Mehata Anirudha Maneklal	"
"	39	Limchiys Anubhai Khodidas	III
"	40	Vaidya Ambalal Narasiram	"
"	42	Vaidya Purushottam Waman	"
"	47	Shukla Shivashanker Pranashanker	II

<i>Centre.</i>	<i>Roll No.</i>	<i>Name.</i>	<i>Class.</i>
Ahmedabad	48	Shukla Harajivan Narayan	III
Indore	59	Digambarjain Anantram Laxmichandra	I
"	62	Parashara Matiprasad Pyarelal	III
"	67	Bhandari Triambak Pandharinath	"
"	70	Vyas Vidyadhersharmaraghunathaji	"
Karachi	78	Joshi Fulachand Bhurilal	"
"	79	Dwivedi Kripashanker Ramabihari	"
"	81	Dwivedi Mohanlal Harilal	I
"	82	Paniya Pralhadraisharma Batumlalji	II
"	84	Vyas Kanailal Jaganathaji	III
"	85	Shukla Bhuwaneshwar Ramachandra	"
Calcutta	91	Mishra Matasharan Ramatawakal	II
Cawnpore	101	Jain Mulachand Gabdumal	III
"	106	Shukla Zamanlal Dularelal	"
Colombo	108	K. K. Krishnam	III
"	109	K. Padmanabham Kocham	II
"	111	Parara K. C.	III
"	112	Poruthil Madhavan Karu Vaidyar	"
"	118	Simhalis A. B. Gunavardhane	"
"	119	Senadhar J. G.	"
Gawalior	120	Upamanyu Gurudayalsharma Madanmohanlal	"
"	121	Dwivedi Biharilal Ramadayausharma	"
"	124	Bhatnagar Anandilal Santkumar	"
"	125	Bharadwaj Mathuraprasad Dewiprasadsharma	"
"	126	Yati Ramaratnasharma Chhainsukhaji	"
"	127	Shukla Vidyadher Muralidher	"
Jubbulpore	130	Kharpadiya Chandrashekher Ratiram	"
"	131	Khare Radhikaprashad Mannulal	"
Delhi	143	Gaud Shaligramsharma Mutsadilal	"
"	146	Brahman Niranjanlalsharma Ramchandra	"
"	152	Sanadhya Somadatta Shankerlal	"
Poona	153	Khekalo Ramachandra Ganesh	II
"	154	Chitnis Waman Ramachandra	III
"	157	Bal Shridher Parashuram	"
Prayag	159	Tripathi Kapildeosharma Kedarnath	"
"	162	Brahman Gunasevak Bhagirath Shukla	II
"	164	Mishra Krishnanand Tularam	III
"	166	Mishra Sadhusbaran Nageshwarprasad	"
"	167	Briguvanshi Rajanathasimb Jangabhadursimb	II
Bombay	175	Kanitker Dinker Keshav	I
Bankipore	198	Tripathi Yajneshwer Banke	III
Bezwada	214	Abbaraju Jagannashrao Venkataramayya	"

<i>Centre.</i>	<i>Roll No.</i>	<i>Name.</i>	<i>Class.</i>
Bezwada	219	Kodali Ramatulashishwarrao Kondayya	III
"	221	Khandvalli Sitaramacharya Venkatachary	"
"	227	Dhulipala Sitaramyya Laxminarayan Garu	"
"	231	Nori Venkateshwershastri Ramashastri Garu	"
"	239	Modiraju Adinarayan Kottaya	"
"	240	Mudumba Varadarajacharyulu	"
"	247	Surabhiramsharma Kannayya Garu	"
Muttra	255	Dewiprasad Ramanivasaji	"
"	258	Bhagawatiprasad Ramasahayjisharma	"
"	260	Mishra Sarayuprasad Prabhudayalsharma	"
Madras	269	Natarajan P. R.	"
"	272	Marutwa C. K. Sanjivi Pandit	"
Rajahmundry	277	Kokirigadda Kameshwarrao	II
"	278	Chitti Suryanarayan Appalanarsimh	III
Lucknow	290	Gaud Shamdattasharma Khupachand	"
"	296	Bais Chatrapalsimh Thakore Ragunandansimh	"
"	297	Mishra Vasudeolal Vishweshwer	"
"	298	Mishra Radhadewi Rikdin Mishra	"
"	300	Ramasharanisharma Govindprasad	"
"	302	Wajapeyi Vaijanath Madhavaprasad	II
"	305	Saksena Rameshachandra Hariprasdji	III
Shimoga	319	P. Y. Kalu Nambiyar	"
"	320	Bhat Pandurang Wasudeo	"
Rishikesh	323	Arya Balveersimhlala Govindprasadji	"
"	324	Audichya Sahasre Trishachandrasharma Prabhudayalji	I
"	327	Gaud Dattaramsharma Baladeoprasad	II
"	328	Gaud Dewiprasadsharma Bhiksharamsharma	III
"	330	Gaud Baburamsharma Ramaswarupasharma	"
"	338	Chauhan Balavantsimh Mulasimhsharma	II
"	341	Jotirvid Buddhiwalabha Hariwalabha	"
"	357	Mishra Parashuramsharma Santlalji	III
"	359	Muralilalsharma Kanayalalsharma	"
"	370	Shukla Dhanashanker Prabhashanker	"
"	371	Sanadhya Ramasharanisharma Shivasahaya	"
"	373	Saini Raghuwirsimhsarma Dilipsimh	"
"	375	Joshi Roshannalal Mukundram	"
"	343	Dwiwedi Ishwariprasad Shriram Sharma	"
Sub-centre			
Nellore	378	Iska Ankyya Nalyya	"
"	379	Iska Rangayya Garattayya	"
"	391	Mahankali Adinarayanaya	"

Centre.	Roll No.	Name.	Class.
Nellore	392	Yanduri Sitaramsimb	III
Nandyala	400	Karnam Hanumantrao Krishnarao	"
"	402	Tambi Tirumallaya Ramanujayya	"

VEGETARIANISM AND HEALTH.

By C. R. JAIN.

The question of the relation of food to health is being properly studied now-a-days by the leading medical authorities in the west

Dr. Bircher-Benner of Germany is one of those who have evidently bestowed much care and consideration on the subject. I am giving some valuable extracts here from his book, "Food Science for All" for the benefit of those interested in the question in India.

Dr. Bircher-Benner has discovered the fact that plants represent condensed sun-light, which is very essential for our health, and says with reference to it :

"The meaning of this discovery will be at once evident to you when you hear that it is as much as to say : for human nourishment, fruits, nuts, and raw salad have the highest value, foods of animal origin have the lowest value. (Food Science for All, pp. 66).

On page 58, he tells us :

"Neither with flesh, nor with poultry, nor eggs, nor caviare, not even with cow's milk, can one strengthen the weak, much less cure the sick. So many thousands have already had dearly to expiate such ignorant experiments ; they have paid for them with early death or with long illness. The excessive proteids in the food are not only a bad source of energy...their breaking down in assimilation grievously overloads the organs, as any chemist familiar with the facts can tell you."

Again on pp. 99 and the following pages he explains :

"Here one will be tempted to think that there are also other nutrition units of animal origin, such as, eggs and milk. The hen's egg also is a complete synthesis of food material for the first period of growth of a living being. But try to feed a human being on hen's egg alone, or even with a diet in which hen's eggs form the chief constituent, this person will soon fall ill. The digestive organs will refuse to act, the kidneys will excrete albumen, and will presently become inflamed. And if you do not soon abandon your experiment, the grave injury to his organism will cost him his life. Why ? Because the wisdom of life designed the food material of the egg only for the life-stage of the embryo chicken, characterised by certain conditions, for a stage of most rapid growth without motion. For milk, Bunge has proved this special and

careful design of nature. He has shown that the composition of the milk of the various species of mammals, in particular the albumen content, stands in a certain relation to the rate of growth of the particular suckling. Moreover milk, as you already know, lacks iron, which the new-born animal brings with it into the world in quantity sufficient to last for the nursing period. Hence a person whom you try to nourish on milk alone or even mostly, e. g. on milk and white bread, will also sicken, will suffer from ever-increasing poverty of the blood, waste away and soon die. The injuries which arise through the policy of boiling milk, through the destruction of the vitamins, so that in the most extreme cases Barlow's disease results. All this I have not taken into account. But what I wish you to notice with regard to milk is the dependence of this food upon the source from which the mother gets its food. Milk has different nutritive results according as the cow is fed on green fodder or dry fodder. With green fodder nutrition is better, for simply by drying the grass the nature of the original nutritive energy is degraded. The vitamins are said to be diminished.

"But what are the vitamins? Something intangible, something that exists, that acts, and yet something that no one has been able to find. They are the still unknown substances! For example 200 grams of dried yolk of egg were extracted with 400 cubic centimetres of water, and the water evaporated off. The water-soluble vitamins should now be present in the 4.5 grams of dry residue. The chemical analysis of this dry residue showed nothing but inorganic salts. At first, then, these inorganic salts had been contained in the yolk in a fine, regulated state of division mixed with all the other material. And we know that their molecules were there in another, an excited state, in exact proportion with the captured solar spectrum. Precisely herein lay the glory, the wealth of colour of the nourishing principle. Hence we are justified in asking: are these vainly sought, still unknown substances, perhaps spectral proportions of excited molecular states? Is it for this reason that they are undiscoverable by chemical analysis? According to all that I know of the matter, this seems to me the most probable. This much is certain that the excited states of the molecules, either of themselves or at slightest impulse, give up the energy quanta and pass again into the stable permanent states of the neutral molecules, thereby losing their specific nutritive action. In this way the sensitiveness and the ready destructibility of the vitamins would be explained without difficulty.

"And with the help of this conception of the vitamins the relation of animal to vegetable food would be more readily understood. Since the so-called vitamins originate only in the vegetable kingdom, and yet are contained in cod-liver oil, milk and eggs, animal products, it will be seen that animal life is able to preserve, accumulate and use for its purposes

the excited molecular states, so that in milk, in the egg, and stored in the liver and other organs, at least when living, they are always present in their original vegetable values, though mixed in the organs with other substances which as regards nutrition act rather as ballast. But from this it becomes comprehensible that milk, eggs and animal organs also possess nutritive value, and that beasts of prey, which swallow their victims alive and with the blood, can flourish on pure animal food.

"But things became quite different when the animal is slaughtered, the blood removed, and when the cellular tissue and organs have passed through the *rigor mortis* and the boiling, roasting, smoking, or salting process. The well-known exothermic energy processes—pardon me if for the sake of brevity I do not explain these processes more particularly (see *Grundlagen der Ernährungstherapie*, Foundations of nutrition therapy)—which here come into play, show that energy is being lost, and where else can this expelled energy come from than from the most sensitive and at the same time for nutrition the most valuable energy—quanta—symphonies of the spectral nutrition energy formations? Therefore the nutritive value of the flesh preparations consumed by the human being is utterly deficient and inadequate. It is true that decomposable masses which moreover are mixed with characteristic stimulants are subjected to human assimilation, and a feverish activity is started in the organs of digestion and assimilation which gives an illusory feeling of strength; but this is only in small part nourishment, rather it is encumbrance and deception. If you feed a person on butcher's meat, fish and poultry only, he will succumb in a surprisingly short space of time to severe poisoning. I have somewhere read of Asiatic tribes who condemn their criminals to death by flesh. The condemned person receives either mutton only or veal only, and death is said to take place in 28 to 30 days.

"With vegetable foods, the case is altogether different. It is now proved that on a fruit and nut diet man can grow up, flourish, and perform full physical and mental work, enjoy splendid health. Whole nations, e.g. the Japanese, whose diet consists almost exclusively of vegetables, with unpolished rice as a basis, flourish and exhibit high physical, mental and moral virtues. In Japan, the man of the people—not forsooth the Europeanised Japanese physician—does not believe, as does the European, in the strength of flesh food. Accordingly the riksha-men, who had to run 25 miles a day, and whom Prof. Baelz of Tokio had offered meat for their extraordinary achievement, begged to be allowed to leave it, as it made them feel too tired and they could not run so well as before. From these facts we must conclude, whether we will or not, that the energy relations of fresh vegetables correspond with the requirements of the human organism to a far greater extent than do the best

animal foods such as milk and eggs; indeed that they alone completely meet the need.

"This result completely corresponds with my theory of the essential nature of chemical nutritive energy and its original identity with sunlight."

The explanation is continued on pages 109 and 110 where we have it:

"Involuntarily one's thoughts turn here to the words of the American investigator, Mc Collum, 'that diet is an essential, if not the most important factor for spiritual, moral, physical and cultural development and for resistance to diseases.'"

"By means of a heavy, dimly-lighted diet—rich in all the different kinds of flesh and stimulants—people not only invite diseases, they build within themselves barricades against the wisest and the most powerful friend of their life, against the spirit."

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"It is true that in the animal economy also, the wisdom of life knows how to deal carefully with these nutritive values and to store them up in the animal body, so that the animal food substances and organs contain them and can serve man as food; but man does not consume the animal in the live state with skin, bones and bloods like the beasts of prey. He consumes parts of the animal after it is dead and after more or less elaboration by head. Thus the original nutritive values suffer a not inconsiderable change. That the European attributes such a high value to 'proteid-rich' flesh food is one of fatal, fundamental errors."

"Eggs and cheese among other animal foods, cause over-acidity, and milk often loses its value through cooking and becomes even dangerous

through the wrong feeding of the cows or the disease of their mammary glands."

No doubt, vegetable foods also suffer deterioration in the processes of cooking, roasting and baking; but not to the same extent. Fruits and nuts and salads are actually eaten uncooked.

(To be continued.)

THE LEAGUE OF NATIONS AND THE DRUG TRAFFIC.

The eighth session of the Permanent Opium Board set up when the Geneva Opium Convention came into force in 1928, was held at Geneva in January. The duty of the Board is to examine statistics with regard to drug manufacture and consumption throughout the world.

In 1929, the Board reports, nearly twelve tons more morphine than the world required for legitimate purposes were manufactured and since esters of morphine were not at that time covered by the Geneva convention, the surplus production probably entered the illicit traffic in this form. The most important seizures reported to the Board in 1929 came from India, the United States, Egypt, Greece, and Kwantung, and there was an increase of sixty per cent. in the seizures of cocaine over the average for the previous four years. It is, however, impossible to calculate the dimensions of the illicit traffic from the amount of the goods seized, since, although both Customs and police authorities are more vigilant than ever, only a small proportion of the contraband trade is detected.

At the request of the Board, certain countries, including the Union of South Africa, have tightened up their laws relating to "dangerous drugs," whilst the United States of America is one of the countries which, although not a party to the Geneva Convention, has helped the Board by supplying full annual statistics. On the other hand, France and most of the Central and South American States have so far failed to provide the complete statistics required by the Convention. This is particularly serious in the cases of Bolivia and Peru, since these two countries are among the chief producing centres of cocoa leaves. It is hoped that more detailed figures will be forwarded for 1930.

The Board considers that it should be possible to calculate world's requirements in narcotic drugs, and one of the principal tasks of the League during the coming months will be the drafting for submission to a World Opium Conference next May, of a Convention to limit the manufacture of "dangerous drugs" to the amount estimated for medical and scientific needs.

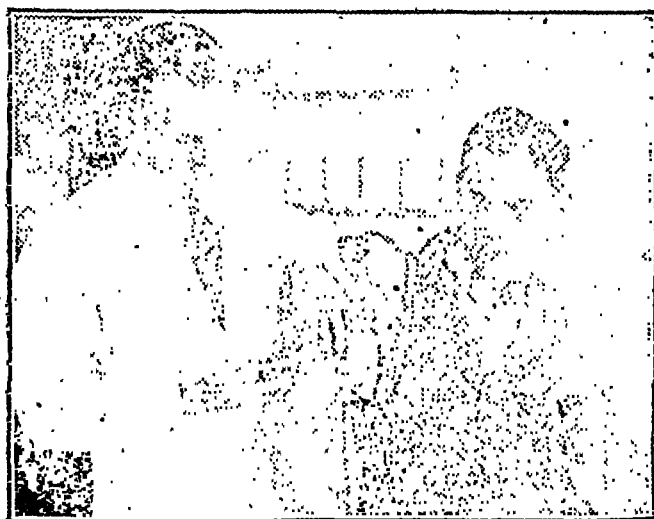
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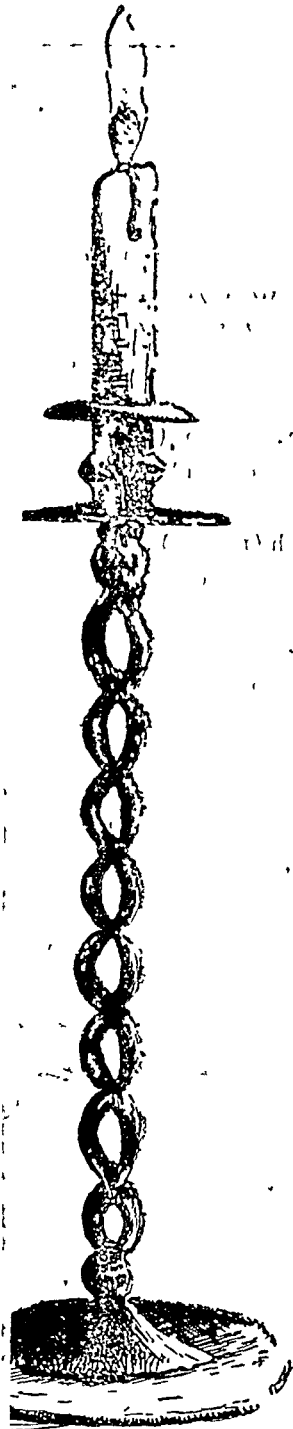
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